Pandemic Influenza at Oodnadatta, 1919:

Aspects of Treatment and Care in a Multiracial Community

Heatheranne Bullen

Figure 0.1: The Buildings of Oodnadatta

A thesis submitted for the degree of Master of Arts by Research (History)

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Declaration

This thesis contains no material that has previously been accepted for the award of any other degree or diploma in any university or other institution, and to the best of my knowledge, contains no material previously published or written by another person, except where due reference is made.

Cultural Warning

Aboriginal and Torres Strait Islander people should be aware that this thesis contains images, voices and names of diseased persons in photographs and printed materials.

Some materials may contain terms that reflect historical views that may not be considered appropriate today. These views are not necessarily the views of the author. They are reproduced in their historical context for the purpose of historical analysis.

Dedication

I dedicate this thesis to the people of Oodnadatta and central Australia who cared for my grandparents during their three years working in the inland.

Figure 0.2: The People of Oodnadatta

'Do not pray for tasks equal to your powers,
Pray for powers equal to your tasks.'
Reverend John Flynn, 1912

Abstract

On 24 January 1919, a thirty-two-year-old nurse from Sydney, Jean Williamson, disembarked at the railway station at Oodnadatta in the far north of South Australia to commence her new role as sister in charge of the Australian Inland Mission (AIM) hostel. On 18 April that year, Williamson greeted thirty-four-year-old minister from Melbourne, Coledge Harland, who had arrived by train to take up a three-year post as padre for the AIM's central Australian parish. Just over a month later, an influenza pandemic that had already killed untold numbers of people worldwide reached the isolated township.

Drawing on primary documents, including an extensive collection of previously unseen photographs, letter and diaries from Harland and Williamson, this thesis examines the management and care of pandemic influenza at Oodnadatta from May to late July 1919. Intercultural aspects of the management and care of European, Afghan, Chinese and Aboriginal patients are examined in the context of the health and lifestyle of local residents, nursing practices, medicines, foods, accommodation and the contribution of individuals, groups and their roles.

This intimate microhistory sheds light on a relatively unknown, yet important group of people in Australia's frontier history: the missioners and others who cared for seriously ill Aboriginal and non-Aboriginal patients at Oodnadatta, provided culturally sensitive care that afforded respect, dignity and compassion to all. At the time, the gravity of the world wide situation and the sheer need to provide care saw individual efforts go unnoticed; however, in hindsight, it is possible to see and appreciate the significance of what they achieved under the most difficult of circumstances.

Plain Language Statement

Collaborative Research Centre in Australian History (CRCAH)

Federation UNIVERSITY • AUSTRALIA

Plain Language Information Statement

School of Education and Arts Federation University Ballarat

Master's Thesis

The Bearer of this letter Heatheranne Bullen has the authority of Mrs. Madelon Harland and Mrs. Merle Harland to copy, print and publish the photos and documents of Reverend Coledge Harland and Mrs. Jean Vince Harland ne Jean Vince Williamson.

Madelon Harland

Merle Harland

Acknowledgments

I am honoured to have worked with traditional custodians of the country around Oodnadatta—the Arabana, Wankangurru, Arrernte, Antakarinji, Pitjantjatjara and other Aboriginal and Torres Strait Islander peoples—and feel privileged to have walked upon their traditional ancestral lands. I applaud their strength, resilience and tolerance, and their commitment to nurturing country, keeping a strong relationship with community, and continuing their unique cultural and spiritual belief system and life ways. I would like to acknowledge and honour the Ancestors and the Elders past and present and thank them for assisting and guiding me in my research.

It was in the warm red earth country of inland Australia in June 2010, during a meeting with local historian and proprietor of the Oodnadatta Roadhouse, Lynnie Plate, that a new historical journey began. On opening a page in a book that mentioned my grandfather and his involvement during the influenza pandemic and my grandparent's marriage at Oodnadatta, tears welled in my eyes; I vowed then and there that I would write their story. Lynnie kindly shared her time, her books, her knowledge and encouragement and introduced me to the local people. Over many visits, I was warmly welcomed by the locals, especially Audrey Stewart, Anna Lennon and Donna Bailes, who were delighted to view my photographs and happy to share their stories; they taught me how to interpret the photographs and shared many valuable insights about the country, life and characters of the arid lands. For this I am enriched and forever grateful.

I am indebted to many people for their guidance during my extensive learning journey. I wish to acknowledge and thank the Australian Government Research Training Program for awarding me a Fee-Offset Scholarship through Federation University Australia, which allowed me to commence my research thesis. To John Fisher, thank you for recognising the value of my research and recommending me to the Cooperative Research Centre in Australian History (CRCAH). To Federation University and the CRCAH cohort, I am grateful and thankful for being accepted into the Australian History Research Program for postgraduate research students.

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To the librarians and staff at the Federation University libraries—Barker building, Geoffrey Blainey Research Centre and the Indigenous Library—I am deeply grateful. Thank you for your support and guidance and for all the Bonus and Document Delivery references you so expertly sourced. Days spent at the special collections reading room of National Library Australia and the reading room of the State Records Office South Australia were made easier because of the support, patience, very good organisation and welcoming atmosphere created by the archivists and other staff: thank you. To Tom Gara, thank you for generously sharing your paper and references; they were of valuable assistance.

To my husband and research assistant, Peter Bullen, thank you from the bottom of my heart for believing in me and my ability, and for being my constant support; I am so grateful for your assistance in reading and listening to my endless drafts and for the enviable detailed power points, elaborate spreadsheets and continued assistance with my research. I also thank you for your patience and for being my courage. Thanks is also extended to our children and grandchildren for their support, patience and assistance, especially to Rick who has read and listened to my drafts and has taken on other duties enabling me to concentrate on my studies. To my uncle John Riess (dec.) for his valuable research into the Harland and Williamson family histories this is a valuable resource that encouraged further research. To my mother and father, Madelon and David Harland (dec.), aunt and uncle Merle and Ian Harland (dec.), brothers, sister, cousins and extended family, I thank you for your guidance through life, for your contributions, support, and for entrusting me with the documents and photographs, and for having faith in my abilities. To my grandparents—my role models—I thank you for your guidance, for assisting the people of Oodnadatta in their time of need and for keeping you precious collection in good order.

To all the people who contributed to the Bullen Field Notes, Figure 0.3 recognises your valuable contribution.

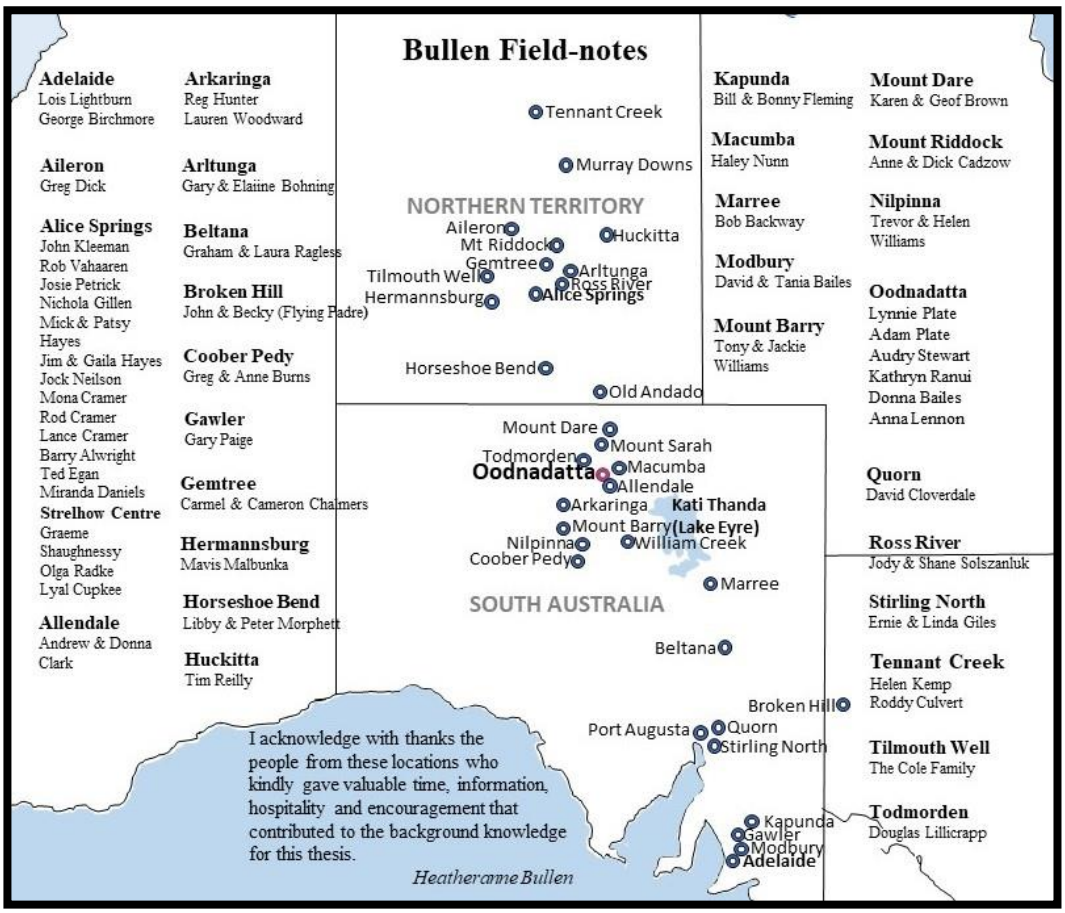

Figure 0.3: Map of Assistance, Bullen Field Notes

I finally acknowledge and thank Capstone Editing for providing excellent copyediting and proofreading services, according to the guidelines laid out in the university-endorsed national ‘Guidelines for Editing Research Theses’.

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Prologue

In April 1919, a minister from Melbourne, Reverend Coledge Harland (see Figure 0.4), met a nurse from Sydney, Sister Jean Williamson (see Figure 0.5), at the railway station at Oodnadatta. They were both employed by the Australian Inland Mission (AIM). This meeting marked the beginning of a working relationship that, in time, blossomed into a personal one. I am their granddaughter. My grandparents cherished their time in the desert and kept the records and photographs of their three years there. Those records (diaries, letters and other documents) and photographs, referred to in this thesis as the 'Harland Collection', inform this study.

Harland and Williamson worked for the AIM in the years before John Flynn's celebrated vision for the Flying Doctor service was realised. It was pivotal time for them and the mission. The stories contained in their records were (and are) enchanting. As a child, I was fascinated by their work, especially their work among Aboriginal people; however, later, as I learned about the negative influence of missionaries on Aboriginal people and Aboriginal culture across Australia, I grew concerned that the main purpose of my grandparents work in central Australia was to convert Aboriginal people to Christianity.

Figure 0.4: Reverend Coledge Harland

Photographer: Unknown, Sandringham, Melbourne, February 1919, Harland Collection.
Note: Harland 'looking glum after leaving last charge' at Kergunyah in Northern Victoria

Figure 0.5: Sister Jean Williamson

Photographer: Unknown, Redfern, Sydney, 1916, Harland Collection.
Note: Williamson in her new nurse's uniform after completing her basic training.

During a trip to Darwin in 2003 with my husband, I met people who held the Royal Flying Doctor Service and visiting AIM padres in the highest regard.[1] The trip helped me to understand the difference between the AIM and other Christian missions; the AIM did not seek to contain, civilise and Christianise Aboriginal people. Instead, it was a roving mission to bring fellowship, medical, spiritual and educational support to the 'Inlanders', regardless of religion or creed.[2] From the outset, its plan was to create a 'mantle of safety' throughout the remote areas of Australia.[3]

In 2009, I was given a box of my grandparents' photographs and negatives. These were delightful images from the 1920s that related to the stories I had been told as a child. Many of the negatives had no accompanying text; no clues to explain who and what they showed. Most were in their original paper packages. Among these were images of my

[1] The AIM was renamed Frontier Services.

[2] John Flynn replied to Andrew Lenox on the role of the AIM -work lies entirely under the GAA but we care only for whites In John Flynn to Andrew Lennox, 28 April, 1919-, Frontier Services Records, MS 5574, AIM, 196/8

[3] John Flynn, *Northern Territory and Central Australia*: *A Call to the Church* (Sydney: Angus and Robertson, 1912).

grandparents in their thirties, my grandmother in a nurse's uniform in the desert (Figure 0.6) and my grandfather on a camel (Figure 0.7).

Figure 0.6: Sister J. Williamson at the North-West Corner of the Township

Photographer: Harland, Oodnadatta, 1919, Harland Collection.
Note: Williamson at rear of old Hospital the nominal boundary of the town

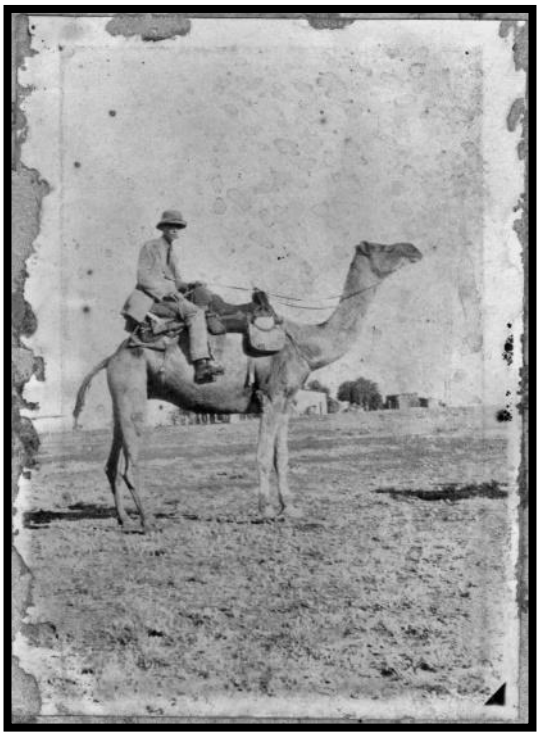

Figure 0.7: Reverend Harland on Shah

Photographer: Williamson, Oodnadatta, c. 1919, Harland Collection.
Note: a lantern slide of this photograph was sent to the AIM on request of the then Superintendent Fred McKay

There were also photographs of what appeared to be a field hospital in the desert. Later, I discovered that this was the tent hospital set up to care for Aboriginal influenza patients at Oodnadatta in 1919 (see Chapter 6).

My grandfather, Reverend Coledge Harland, is the man pictured on the camel on the Australian $20 note, next to Reverend John Flynn,[4] as seen in Figure 0.8. Unlike Flynn, Harland's image is representative: he stands for all three camel patrol padres of the central district. Bruce Plowman and Kinsley Partridge were the camel patrol padres who preceded Harland.[5] Harland's parish extended along the Overland Telegraph Line between William Creek in South Australia to Tennant Creek in Northern Territory, and out at least 242 kilometres (150 miles) either side of the line, an area of 504,960^2 kilometres (314,400^2 miles) as illustrated in Figure 0.9.

Figure 0.8: Reverend John Flynn (and Harland on Camel)

Section of current Australian $20 note. (from a Royal Flying Doctor leaflet)

[4] Harland, Coledge. Atributetoaustralianchristians.wordpress.com/2010/10/31/john-flynn-associates/ ; Williamson sent two glass positives of Harland to AIM as requested. Williamson to Ian c.1956. Glass Positives are in National Library of Australia, Frontier Service Records MS 5574, AIM, Box 49, Folder 8.

[5] Plowman and Partridge have written of their experiences. See Bruce Plowman, *Camel Pads* (Sydney: Angus & Robertson, 1933); Bruce Plowman, *The Man from Oodnadatta* (Sydney: Angus and Robertson Limited, 1933). On Partridge, see Arch Grant, *Camel, Train and Aeroplane* (Melbourne: Rigby, 1981).

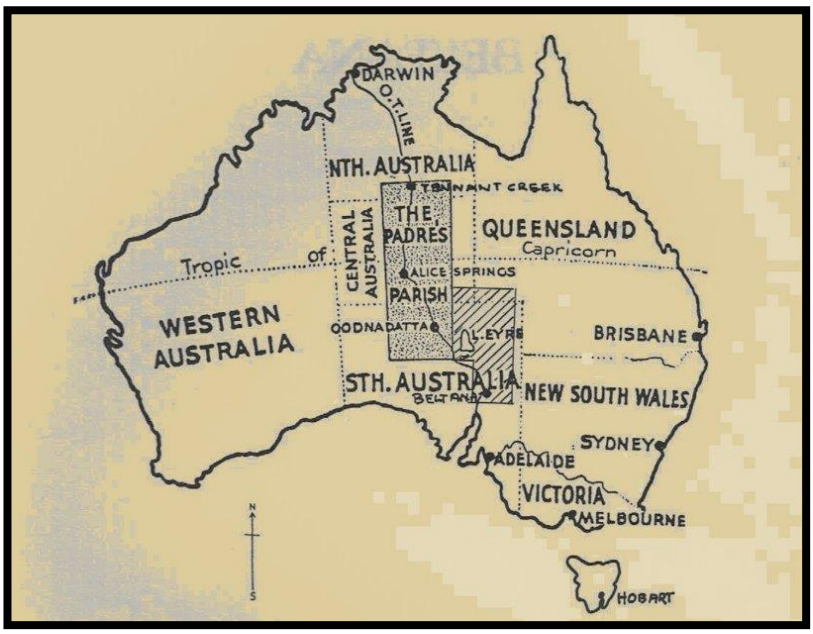

Figure 0.9: Reverend Harland's Extensive Parish

Source: The Inlander 1, No. 1, November 1913, Sydney: Samuel E. Lees, 1913, Harland Collection.
Note: Harland's parish extended from below William Creek in South Australia to Tennant Creek in Northern Territory

Subsequent trips to central Australia breathed new life into the photographs. The responses from the people we met were positive and very encouraging; people of the inland spoke warmly of the AIM padres and nurses.[6] After returning to Victoria, I told my family of my desire to write a history of my grandparent's work and was given access to letters, diaries, photographs, documents, sermons and artefacts held by various family members. The correspondence between Reverend Coledge Harland and Sister Jean Williamson revealed many details about their life in the tiny outpost of Oodnadatta in northern South Australia. I discovered that their sojourn occurred during a pivotal time in Australian history and that Williamson was the Sister in charge of the AIM hostel at Oodnadatta in 1919 when the influenza pandemic struck.[7] Her records and photographs of this critical event, though richer and more detailed than other sources, provided more questions than answers, especially about the people involved, and the plans and practices

[6] The following comments on the padres were made by various central district parish residents in 2012. Lynnie Platte, Oodnadatta historian: the 'Padres are friends in the outback. They are the story tellers, giving and taking stories'; Greg Bohning, ranger Arltunga Historic Reserve: 'Frontier Services Padres still come out and listen and talk on anything and everything and only religion when you want them to'; Laura Ragless, Beltana Station: 'They come out to give a little prayer over a meal, to support, not to preach. It was the only religion that came'. Also see E. E. Baume, *Tragedy Track: The Story of the Granites* (Sydney: Frank C. Johnston, 1933), 130. 'For our scattered people our patrol padres provide a word in season'.

[7] Flynn, *Northern Territory and Central Australia*; Rev. J. Flynn, ed., *The Inlander* (Sydney: Samuel E. Lees, 1920); Roland Ward, *The Smith of Dunesk Mission*: *Forerunner of the Australian Inland Mission* (Wantirna Victoria: New Melbourne Press, 2012).

that were implemented to care for patients, including Aboriginal patients, prompting the research that led to this thesis.

Chapter 1
Introduction

Overview of the Research Project

In 1919, World War One had just ended, the soldiers were returning and an influenza pandemic was spreading around the world, including to the Australian inland. This thesis sheds light on hitherto unreported intercultural aspects in the management of the influenza pandemic at Oodnadatta, a remote railhead community in northern South Australia. It aims to fill certain gaps in the historical record by examining how this crisis was managed by health workers at Oodnadatta within the context of medical knowledge and practices of the day, identify Aboriginal peoples' different approach to health and healing, and explore the extent to which these two health systems complemented each within the confines of an isolation tent hospital that was established for Aboriginal patients at Oodnadatta.

The population of Oodnadatta comprised European, Afghan, Chinese and Aboriginal people in 1919. All were affected by influenza; however, it appears that Aboriginal people in the camps surrounding the town were the worst affected group.[8] While most European, Afghan and Chinese patients could be cared for in their own homes, most Aboriginal people's dwellings did not offer enough protection from the elements and were without amenities. Further, the reach of the disease was so extensive that there were few family members available to tend to Aboriginal patients.[9] This thesis examines the treatment and care provided to the whole community, allocating two chapters to Aboriginal patients.

Research Questions

This thesis draws on a set of records created by Reverend Coledge Harland and Sister Jean Williamson known as the 'Harland Collection'. It asks: what does the Harland

[8] State Records of South Australia (hereafter SRSA) GRG 23/1/337/330/1922 Aboriginal Department, Dr Herbert Basedow, report to Chief Protector of Aborigines, Third and Final Report on Aboriginals North of Hergott; Ernst E. Kramer, Australian Caravan Mission to Bush People and Aborigines: Journeyings in the Far North and Centre of Australia (Melbourne: The Author, 1922), 5–6.

[9] Kramer, *Australian Caravan Mission,* 5–7.

Collection reveal about intercultural aspects of the management of the influenza pandemic at Oodnadatta in 1919? Three aspects of the question are investigated:

1) What, if anything, was significant about the 1918–1920 influenza pandemic, and how did this influence the spread, severity and outcomes for community groups and individuals?
2) What, if anything, was significant about the Oodnadatta community and how did this influence the health practices, preparations, treatments and accommodation that were utilised during the pandemic?
3) What do the photographs and documents contained in the Harland Collection reveal about the people involved, their roles and how they contributed to the management, care and treatment of patients at Oodnadatta?

Outline of Chapters

Chapter 1 (this chapter) includes the thesis question, chapter outlines, biography of the main characters, the justification and significance of the research, the contribution the thesis makes to literature, the target audience and an overview of the theoretical framework and methodology.

Chapter 2 examines the 1918–1920 pandemic influenza as a world event to contextualise its arrival at Oodnadatta and enable a comparison to be made with the management and care at Oodnadatta and elsewhere.

Chapter 3 investigates South Australia's response to the pandemic and introduces the township of Oodnadatta, exploring its history, people and community structure in 1919 to gain an understanding of the difficulty of managing illness in a remote community.

Chapter 4 draws on primary documents to examine the management and care of influenza at Oodnadatta from late May to June 1919, the first month of the outbreak, during which time patients were mainly cared for in their own homes. It examines the nursing practices, preparations and treatments used and provides a basis from which to build and compare the treatments and care provided during the second month.

Chapter 5 compares and analyses life for Aboriginal people before and after colonisation and highlights the changes and factors that affected Aboriginal peoples' response to influenza. It also examines the early planning that went into providing accommodation for Aboriginal influenza patients.

Chapter 6 examines the systems of management and care provided to Aboriginal patients at the tent hospital that was established on the outskirts of Oodnadatta. It explores the thinking behind the tent's location and establishment, the level and type of care provided, and the outcome for the community.

The final chapter responds to the thesis question, drawing out the significance of previously unrecognised historical actors in the context of the treatment of influenza patients at Oodnadatta in 1919, including effective care, preparations, treatments and positive outcomes.

Biographies of the Two Central Characters

This is a history of how a community rallied together with few resources to support and care for its members during the worldwide influenza pandemic of 1918–1919. It is revealed through the photographs and primary documents of two people: Reverend Coledge Harland and Sister Jean Williamson.

Jane Vince Williamson (Jean)

Jane Vince Williamson (Jean), born 1 June 1887, was the first of ten children born to David and Emma Williamson of Redfern, New South Wales. She was the great-granddaughter of Reverend Ralph Drummond (1792–1872) who immigrated to Australia from Stirling, Scotland, and who set up the first Presbyterian Church in South Australia in 1839.

Inspired by Florence Nightingale, Williamson decided on a career as a missionary nurse. After completing her secondary schooling in Redfern, she assisted her mother to care for her younger siblings, attended Bible studies classes, trained as a missioner and volunteered within the church.[10] Involved with the Presbyterian Church's Home and Foreign Mission,[11] she applied for a post to India in around 1911, but was told that she

[10] Rev. John Flynn to Williamson, 13 September 1919, Harland Collection, Private Collection, Ballarat, Victoria, Australia (hereafter Harland Collection).

[11] The Home and Foreign Mission's primary aim was to train lay people for the ministry within local churches and abroad. See J. L. Haynes, comp., 'Guinness is Good for You: Memories of the Legacy of Rev. H. Gratten Guinness', 1, accessed 15 January 2018, http://www.historicism.com/Guinness/legacy.htm; Home Mission, 'Home Missioner', United Methodist Church, 1–2, accessed 15 January 2018, http://www.ucm.org/what-we-believe/glosary-home-mission; Nancy Vyhmeister, 'Ministry of the Deaconesses through History', *Ministry Magazine*, July 2008, 1–2, accessed 16 January 2018, http://www.ministrymagazine.org/authors/vymeister-nancy, 17–22.

required nursing qualifications and experience. This left her very disappointed.[12] Her membership of the Home and Foreign Mission ensured that she received the literature outlining Reverend John Flynn's dream of a 'mantle of safety' for the isolated people of inland Australia (discussed below). Importantly, in the literature was a call for nurses.[13]

In 1912, at the age twenty-four, Williamson commenced her nursing training at the Coast Hospital, an infectious diseases hospital at Little Bay, Sydney. She completed her basic training in October 1916 and, in December, commenced her obstetrics training at the Royal Hospital for Women, a Benevolent Society hospital, at Paddington, Sydney.[14] On completion of her basic nursing training, she applied through the Foreign Missions Association for a posting.[15] Four months into her obstetrics study, she was considered[16] for an overseas post and was given a leave of absence from her study to take up a nursing position at John Paton Memorial Hospital, Port Vila, New Hebrides (Vanuatu).[17] She arrived on the tropical island on 14 April 1917. The hospital was staffed by a doctor, matron and two nurses. This provided opportunities for Williamson to assist in operations and to act as an anaesthetist. She attended to cases of malaria, tetanus, tuberculosis, filaria, bone diseases, abscesses, ulcers, pneumonia, influenza and pleurisy.[18] Williamson returned to Sydney on 26 June 1918 to complete the last six months of her obstetrics qualification at the Royal Hospital for Women, with the final exam in December.[19] She remained at the hospital acting as a staff nurse until January 1919.[20] After returning from Port Vila, Williamson sent an enquiry to Flynn about a nursing position with the

[12] Rev. John Flynn to Harland, 29 August 1918, Harland Collection.

[13] This would have included Flynn's report, see Flynn, *Northern Territory and Central Australia*, 7–46.

[14] Greenwall, 'The Royal Hospital for Women, Paddington', Faculty of Melbourne Online Museum and Archive, accessed 10 May 2016, http://sydney.edu.au.rp.sydney.edu.au/medicine/museum/index.php/Royal_Hospital_for_Women_Paddington.

[15] J. V. Williamson to Ruby, 17 November 1918, Harland Collection.

[16] Home Mission, 'Home Missioner', 1–2.

[17] John Paton Memorial Hospital, Port Vila, Iririki Island, New Hebrides. Jean V. Williamson, 'A Nurse in the New Hebrides', *Mustering Women: in Mission Work* 20, no. 84 (1917): 4–7, Harland Collection.

[18] Williamson, 'A Nurse in the New Hebrides', 4–7; J. V. Williamson to Dr. Hair, 1 February 1918, Harland Collection; J. V. Williamson to Dr Wallace, 30 June 1920, Harland Collection.

[19] Greenwall, 'The Royal Hospital for Women', 1; see Williamson's Certificate for Obstetrics and documentation, Harland Collection.

[20] Williamson to Ruby, 17 November 1918.

Australian Inland Mission (AIM) on the completion of her study.[21] On 30 November 1918 confirmation arrived of her impending appointment to northern South Australia as Sister in charge of the Oodnadatta AIM hostel.[22] Williamson travelled to Oodnadatta with her younger sister, Margaret, as a companion and religious/domestic assistant.

Coledge Harland

Coledge Harland was born at Fitzroy, Victoria, on 29 October 1884, the second of ten children born to Alfred and Cecilia Harland who immigrated to Australia from Canada after the birth of their first child, Faith. Coledge Harland's father, Alfred, managed a flour mill at Charlton in Victoria.

Harland completed his secondary education at Scotch College, Melbourne, in 1904. The church played a large role in Coledge Harland's life. In December 1908, Harland applied for the position of home missioner[23] and was commissioned and appointed to Gardiner and Burwood on 12 March 1908. In 1912, when he was twenty-seven years old, Harland entered the University of Melbourne where he completed the first year in his study for the ministry.[24] After three years of further education at Ormond Theological Hall, Melbourne University, he completed his theological studies and was ordained in 1916.

Harland was affiliated with the Home and Foreign Missions Committee of the Presbyterian Church of Victoria, which alerted him to the General Assembly of the Presbyterian Church of Australia, to be held in Melbourne in September 1912.[25] Harland attended the General Assembly and was captivated by Flynn's report of his journey into inland Australia and his dream for 'a mantle of safety' for the isolated inhabitants that would provide educational, medical and spiritual support.[26] The AIM was set up mainly for the support of non-Aboriginal people. Flynn explained that the Foreign Missions agency of the Presbyterian Church were already attending to the needs of the Aboriginal

[21] J. V. Williamson to Rev. J. Flynn, 20 November 1918, Harland Collection.

[22] J. V. Williamson to Rev. J. Flynn, 13 September 1919, Harland Collection; Rev. J. Flynn to Williamson, 30 November 1918, Harland Collection.

[23] Home Mission, 'Home Missioner', 1–2.

[24] Geelong Presbyterian Church.

[25] The 1912 Assembly Report in Flynn, *Northern Territory and Central Australia*, 7–46.

[26] Flynn, *Northern Territory and Central Australia*, 7–46.

people.[27] His report, which ended in a call for missioners, resulted in the establishment of the AIM in 1912.[28]

Answering Flynn's call, Harland expressed a desire to be available for a position on completion of his theological study. He commenced his war service in the protected services as a parish minister on 21 January 1916 at Kergunyah Methodist Church in the Kiewa Valley, north-east Victoria, and continued in that position until January 1919.[29] In August 1918, Harland received a letter from Flynn requesting his service in the post of patrol padre for the Central District of Australia.[30] Harland was farewelled by his parishioners on 13 January 1919 and, a fortnight later, boarded a train for Melbourne to prepare for his new post.[31] In preparation, Harland took lessons in first aid, dentistry, simple surgery, cookery and photography. He also attended lectures on economics and on working among Aboriginal people.[32] Harland was guided by the work of his predecessor, Reverend Mitchell, who worked at Beltana from 1894 to 1898. Mitchell saw the need for medical assistance and often performed minor medical and dental procedures. Flynn also observed this need; he saw first aid skills, simple surgery and the ability to extract teeth as essential components of the padre's role. Flynn had few photographs of the Central District to illustrate his talks and publications; this may have inspired Harland to study photography. While at Oodnadatta, Harland instructed Williamson and others in the art of photographic production. Harland saw another area of need and sought instruction relating to Aboriginal people and their lifestyle. Before embarking on his journey, Harland delivered a presentation to his parishioners that showcased the work of

[27] Home and Foreign Mission of the Presbyterian Church of Australia. See Home Mission, 'Home Missioner', 1–2; Vyhmeister, 'Ministry of the Deaconesses', 17–20.

[28] Flynn, *Northern Territory and Central Australia*, 7–46.

[29] Kergunyah in Kiewa Valley, north-east Victoria.

[30] Flynn to Harland, 29 August 1918.

[31] 'Presentation at Meeniyan', *The Border Morning Mail and Riverina Times* (Albury, NSW), c. January 1919, Harland Collection.

[32] Harland's preparation included visiting the children's hospital, observing dentists at work and instruction in simple surgery. He also read numerous works, including Rev. Watson, 'Work Amid Aborigines', Wesley Church Melbourne, 1919; Baldwin Spencer and Francis Gillen, *Native Tribes of Central Australia* (London, 1899); Baldwin Spencer and F. J. Gillen, *The Northern Tribes of Central Australia* (London: MacMillan, 1904); Kelley and Whitley (lecture), 'Good Practical Economics', Melbourne, 1919; D. Crawford, FRGS, *Thinking Black: 22 Years without a Break in the Long Grass of Central Africa*, 2nd ed. (London: Morgan and Scott LD, 1913); Makay (by his daughter), *The Story of Makay of Uganda Pioneer Missionary* (London: Hodder and Staughton, 1904); Bishop of Willowden, 'Aboriginal Missions'. To complete his preparation, Harland spoke with missionaries including Rev. McKenzie of Roper River Mission.

the AIM and called for donations to fund its continuance. Harland's notes outline his interpretation of the AIM's intent:

> The needs of the inland are two-fold: 1. Of Aboriginal people [this is a great need, of 75,000 only 6,000 have been reached], we have a special responsibility. 2. The needs of white population of these remote parts, this is the need in which the AIM is interested.[33]

Harland believed that his responsibility extended beyond the non-Aboriginal to include Aboriginal people and he demonstrated this through his actions during the pandemic.

Justification of the Significance of the Research and How it Will Contribute to Knowledge

The Harland Collection reveals previously unseen evidence of a pivotal time in Australian and international history. Specifically, the documents and photographs reveal a high level of interaction and cooperation among members of the multiracial community at Oodnadatta during the management of influenza. Neither the members of the small AIM team, nor the broader community of Oodnadatta, have been publicly recognised for the part they played during the influenza pandemic. Nor have the positive interactions between Aboriginal and non-Aboriginal people during the crisis—a time in Australian history generally known for its poor race relations—been formally acknowledged. The work of ethnographer Loïc Waquant reminds us that the small voices in any history need to be heard.[34] This thesis documents the untold history of a small group of people, most of whose voices have never before been heard.

There are no official records of the 1919 influenza outbreak at Oodnadatta in the Central Board of Health's (CBH) South Australian hospital reports or health returns, probably because the AIM hostel at Oodnadatta was not registered with the CBH at the time. Williamson sent regular reports to the AIM, but her records are not with the AIM's other papers at the National Library of Australia.[35] During the early decades of the twentieth century, Aboriginal people—still widely considered a 'dying race'—were not counted in

[33] Harland, AIM talk and presentation, Harland Collection; also see 1912 report in AIM intent in Flynn, *Northern Territory and Central Australia*, 24, 25-29, 30, 36; The aims of the AIM were outlined in Rev. John Flynn, *The Inlander* 1, no. 1, 1913, Inside front cover. Flynn spoke of 'inlanders'.

[34] Loïc Wacquant, 'The Body, The Ghetto and the Penal State', *Qualitative Sociology* 32, no. 1 (2008): 101–129, accessed 12 September 2015, doi: 10.1007/s11133-008-9112-2.

[35] Contact with the National Library Australia (NLA) revealed that Sister Williamson's reports did not arrive with the other AIM records. This is being followed up by the researcher.

the national census; nor were their health records or returns required by the CBH.[36] Thus, their medical history is little known. If it were not for the photographs and related documents contained in the Harland Collection,[37] much of what occurred during the 1919 influenza outbreak at Oodnadatta would remain a mystery.

Contribution to the Literature Provided by the Project

There are very few positive histories of interactions between Europeans and Aboriginal people in the first 150 years of European settlement in Australia, and even fewer that document intercultural health practices. According to Warwick Anderson, science and medicine are often left out of conventional histories in Australia.[38] This history includes analysis of the treatment of Aboriginal patients at a time when this was not the norm. In his doctoral research on Indigenous health, Gordon Briscoe stressed that 'no studies have been carried out … of disease, health and healing or of the provision of health care services to Indigenous people during the period [1900–1940]'; the implication being that in the few instances in which services were provided, records have not survived.[39] Harland and Williamson, in helping to put Flynn's 'mantle of safety' into effect, were at Oodnadatta when the influenza pandemic struck. Thus, because of Flynn's vision, they were able to assist with the management and treatment of the disease. However, as this thesis will show, by including *all* the people who lived in and around Oodnadatta under their purview—that is, under their personal 'mantle of safety'—the lengths they went to exceded their brief.

Audience

Inspired by the writings of Tom Griffiths,[40] this thesis is delivered in a narrative genre—an accessible form for its intended audience, who are the people of South Australia and,

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[36] *Commonwealth Constitution 1901*.

[37] The Harland Collection consists of diaries, reports, letters and photographs and other documents prepared by Harland and Williamson during their time in central Australia between 1919 and 1922.

[38] Warwick Anderson, *Cultivation of Whiteness: Science, Health and Race Destiny in Australia* (Melbourne, Melbourne University Press, 2005), 4, 27–28.

[39] Gordon Briscoe, 'Disease, Health and Healing: Aspects of Indigenous Health and Healing in Western Australia and Queensland 1900-1940' (PhD thesis, Australian National University, 1996), 23.

[40] Tom Griffiths, *The Art of Time Travel: Historians and Their Craft* (Carlton Victoria: Black Incorporated Swartz Publishing, 2016); Tom Griffiths, 'Essaying the Truth', *Meanjin. Fine Writing and Productive Ideas: Haunted* 59, no. 1 (2000):128–44.

in particular, the descendants of the Oodnadatta community of 1919 who, until now, have relied on fragmentary records of the effect of the pandemic on their township.

Overview of the Theoretical Framework and Methodology

An investigation of pneumonic influenza in 1919 in the small township of Oodnadatta is a microhistory; however, the pneumonic influenza that reached Oodnadatta in 1919 was part of a global pandemic of immense historical significance. This situates the microhistory within a broader international context. This thesis is also biographical, as it investigates the contributions of Harland, Williamson and other community members in the care of patients within the broader Oodnadatta area.

The photographs and documentation produced by Harland and Williamson during their three years working in the community are interpreted via a subjective epistemology.[41] The photographs appear to provide the only visual record of the influenza tent hospital at Oodnadatta in 1919.[42] Interpretation and contextualisation of the photographs and related raw historical documents—the focal point of the study—has been achieved, as Luciano Belviso advised, by employing a critical ethnographic methodology.[43] Wide reading and extensive research using a variety of sources, as Belviso further recommended, produced triangulation of evidence and has created a balanced perspective.[44]

This thesis investigates disease in the community of Oodnadatta and examines the community's management, care and treatment practices. Initial research revealed small and disparate fragments of publicly available archival information about influenza at Oodnadatta. Considered in isolation, the significance of these fragments could be missed; however, when viewed alongside evidence from the Harland Collection, they helped to build a strong history.

Owing to limited Australian research on influenza at Oodnadatta and the pandemic in general, the research base for this study was expanded to include a variety of sources from

[41] Joseph M. Moxley, 'Analyze Artefacts', Writing Commons, 1–5, accessed 12 September 2015, https://writingcommons.org/open-text/research-methodologies/empirical-research/ethnography/230-analyze-artifacts.

[42] Photographs of the influenza tent hospital are part of the Harland Collection.

[43] Luciano Belviso, 'Visual Literature: Breaking Down the Image', Writing Commons, accessed 30 May 2016, 1–2, https://writingcommons.org/open-text/information-literacy/visual-literacy/breaking-down-an-image/399-breaking-down-image.

[44] Ibid.

overseas. This resulted in a deeper understanding of the effects of the pandemic and allowed broader comparisons to be drawn with occurrences at Oodnadatta, adding a transnational element to the study.

Language and Meaning

As philosopher Roland Barthes has explained, our initial viewing of historical material and photographs is often superficial.[45] When I first read the letters my grandparents wrote in 1919, they were just words on a page. Some did not seem to make sense. Sometimes I had to read sections several times to find the meaning because, in places, commas and full stops were not evident. Narration in historical documents is not always understood in the context that was intended at the time of writing.[46] The expressions used by Harland and Williamson and other characters from almost 100 years ago were unfamiliar to me. The meaning was not always clear because it related to the language of the era, context of place or the events of the time. Some words belonged to the local Aboriginal language, while others were connected to the relationship between two people.

As Craig Wollner and Ludmilla Jordanova advised, it is important to try to view the world through the eyes of historic characters.[47] Jordanova added that history should not be judged utilising the benefit of hindsight.[48] By studying documents and newspapers from the first quarter of the 1900s, the broader background circumstances and issues of the time have become clearer, and the actions, decisions, language and expressions used at the time are now easier to comprehend.

Reflexivity

Historian Leopold Von Ranke stressed the need to be compassionate and empathetic when interpreting history.[49] Each person views historical material differently; we bring to it our own experiences.[50] My study is subjective and the thesis questions are inductive;

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[45] Roland Barthes, *Camera Lucida: Reflections in Photography*, trans. Hill and Wang (London: Fontana, 1980/81), 4–5.

[46] Jane Lydon, *Eye Contact: Photographing Indigenous Australians* (Duke University Press, 2005), 3.

[47] Craig Wollner, 'The Historical Imagination: Thinking and Doing History' (PhD thesis, Portland State University, 2008) 1–10; Ludmilla Jane Jordanova, 'Approaching Visual Materials', in *Research Methods for History*, eds Lucy Faire and Simon Gunn (Edinburgh University Press, 2012), 33–34.

[48] Jordanova, 'Approaching Visual Materials', 31–35.

[49] Leopold Von Ranke, 'Historical Imagination', quoted in Wollner, 'The Historical Imagination', 3.

[50] Isla Kuhn, 'Information Literacy', quoted in Moxley, 'Analyze Artefacts', 1–5.

there are biases to consider, my own and those from the sources on which I draw my information. It is essential that I acknowledge these and that I continually reflect on my biases and assumptions to strive towards objectivity.[51] Historian Ann Curthoys reminded us that reflexivity is also required.[52] I have sought to achieve this by being 'self-aware' and continually questioning my own motivation. Social historian Jacqueline Wilson suggested that, to achieve a balanced view, we should tell both sides of the story.[53] This thesis examines the differing viewpoints and interrelated lives of people of different cultures; draws on historical interpretations and field notes; recognises multiple histories of places; analyses documented memories; and includes detailed interpretations of photographs, opinions and evidence from all sections of the Oodnadatta community.

This thesis investigates interactions between ordinary people of different cultures and includes people who have not been acknowledged for their contribution to influenza care. According to Loïc Wacquant, 'at the heart of ethnography is humility'.[54] The people whose lives are documented in the thesis did not seek recognition; nevertheless, this thesis uncovers their extraordinary achievements.

Ethnography

The multimedia sources and documents that this thesis draws from are what assist ethnography 'to provide a detailed, in depth description of everyday life and practice'.[55] This thesis incorporates important elements of ethnography, including interpretation of intentions, design principles and content, social and cultural processes, and historical evidence, as Joseph Moxley advised.[56] Brian Hoey explained that the writing should go 'beyond reporting of events and details of experience' to enable a deep understanding of

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[51] Curthoys, Ann, 'Thinking about History', *Australian Historical Association Bulletin* 83, (December 1996): 23.

[52] Ibid.

[53] Wilson, Jacqueline, 'Visual Criminology and Cultural Memory: The Astheticization of Boat People', Seminar SMB, Ballarat, 4 June 2016; Barthes, *Image, Music, Text*, trans. Stephen Heath (London: Fontana, 1977), 32; Eric Hirsh and Michael O'Hanlon, eds, *The Anthropology of Landscape: Perspectives on Place and Space* (Oxford: Clarendon Press, 1995), 2.

[54] Wacquant, *The Body, The Ghetto*, 123.

[55] Brian A. Hoey, *A Simple Introduction to the Practice of Ethnography and Guide to Ethnographic Fieldnotes* (Marshall University Digital Scholar, June 2014), 1, acessed 12 October 2015, https://works.bepress.com/brian_hoey/12. The *Oxford Dictionary* defines ethnography as 'the scientific description of people's cultures with their customs, habits, and mutual differences'.

[56] Moxley, 'Analyze Artefacts', 2–5.

the contents.[57] Further to this, Erving Goffman informed us that ethnography involves 'participant observation' and that we need to 'weave the story out'.[58]

Ethnography usually involves the researcher participating overtly or covertly in people's daily lives for an extended period of time. Harland and Williamson lived at Oodnadatta for three years and the reports, letters, diaries and photographs they created in the process of their work have become the evidence for this ethnographic study. Ethnography involves listening, watching and asking questions.[59] Thus, Harland and Williamson's photographs have become like 'silent observers'. Together with their letters, diaries and documents, they are their 'field notes'.[60] Several research visits to the area by the researcher prior to commencing this candidature added rich contemporary field notes.[61] These journeys included participating in the life of the communities, attending local events, staying with locals and camping on properties in the desert to experience the life and isolation; however, this is still only an outsider's view, as Hoey pointed out. He advised that, even if we immerse ourselves in the culture, we will still gain only an outsider view.[62] Harland and Williamson became part of the community; yet, as Williamson explained in a letter to Harland in 1919, 'the community did not easily accept outsiders' and she had to 'tread slowly and carefully'.[63] Harland and Williamson understood that they were outsiders. Imagination was required to find a way to effectively work with the community.

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[57] Hoey, *A Simple Introduction to the Practice of Ethnography*, 1–2; Hirsh and O'Hanlon, *The Anthropology of Landscape*, 2; Barthes, *Camera Lucida*, 4–5.

[58] Erving Goffman, 'Presentation of Self in Every Day Life', University of Edinburgh Social Research Centre, *Monograph No. 1956*, 1–49, accessed May 2018, https://monskop-org/images/1/19/Goffman_Erving_The_Presentation_of_Self_in_everyday_life.pdf.

[59] M. Hammersley and P. Atkinson, *Ethnography: Principles and Practice*, 3rd ed. (New York: Routledge, 2007), 1.

[60] Moxley, 'Analyze Artefacts', 1–5; Harland Collection; Flynn, *Northern Territory and Central Australia.*

[61] 'Bullen Field Notes' consists of notes, documents and photographs compiled by the researcher, H. Bullen during research visits to Oodnadatta and central Australia (hereafter referred to as 'Bullen Field Notes').

[62] Hoey, *A Simple Introduction to the Practice of Ethnography*, 3.

[63] Williamson to Harland, 26 August 1919, Harland Collection.

Interpretation of Photographs

Wollner reminds us that imagination is an important characteristic for the study of history.[64] According to Hammersley and Atkinson, ethnography brings imagination to the work[65] and this is vital when interpreting photography. Cultural anthropologist Clifford Geertz explained that ethnography is 'an ideal method for describing and interpreting … visual materials and other raw data'. This involves what Geertz called 'thick description'.[66] He described ethnographic reading as a 'deep interpretation not just a description'.[67] According to him, to process the information, we need to listen, read and view the materials over and over again to unravel the 'web of meaning' about the culture.[68] Moxley called this a 'close reading'.[69] Moxley explained that artefacts, photographs and other visual items 'can physically be included in the ethnography'.[70] A close reading and deep interpretation of historical photographs informs and supports the historical narrative and arguments of this thesis.

Visual materials need to be interpreted through a careful reading of the image that is both sensitive to the photographer's intended purpose and alive to unintended meanings and effects.[71] Historian Ludmilla Jordanova made a case for including the 'context of time'[72] and the origin and details of the camera operation and camera settings, especially with the ethnographic approach.[73] Hoey explained that interpretation is not only about what is visible, but also the story behind the action—the clothing worn, the landscape, the items in the background and what is *not* there.[74] By stepping into the shoes of the characters and determining how they performed the tasks with the equipment they had, then moving through and between the spaces they trod, we can visualise beyond the words and static

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[64] Wollner, 'The Historical Imagination', 3.

[65] Hammersley and Atkinson, *Ethnography,* 3.

[66] Clifford Geetrz, 'The Interpretive Theory of Culture: Selected Essays' (1973), quoted in B. Hoey, *A Simple Introduction to the Practice of Ethnography and Guide to Ethnographic Fieldnotes*.

[67] Ibid. 3.

[68] Ibid.

[69] Moxley, 'Analyze Artefacts', 1–5.

[70] Ibid.

[71] Barthes, *Camera Lucida*, 9.

[72] Jordanova, 'Approaching Visual Materials', 30.

[73] Ibid.

[74] Hoey, *A Simple Introduction to the Practice of Ethnography*, 4–6.

images to understand how things worked and discover what is not apparent. In this way we enhance our search for evidence.

Philosopher Roland Barthes and photographer Eric De Mare stressed the importance of recognising the three intentions of the photograph: that of photographer, the sitter and the viewer.[75] The viewers' intention can change over time. Historian Jane Lydon explained that newfound interpretations and new intentions beyond the initial purpose are also of interest.[76] The Harland Collection has taken on a new purpose. It is important to view this visual material and documentation with an open mind and not to judge foreign environments such as the desert against the environment and situation in which we live. Jordanova advised that 'we require a code to unravel the information' and that photographs and other visual materials require comprehensive deciphering to be actively embedded in academic study. This, she stated, can be achieved by bedding them in theory using an 'interdisciplinary approach'.[77] This thesis employs a multidisciplinary approach to interpret photographs, cross reference findings and retrieve information.

A variety of methods can be used to interpret photographs. I have chosen a qualitative method for the thesis, but quantitative measures have been required for the sorting and identification of photographs. Measures and systems have included coding and spreadsheets; archival and online searches; museums visits; research into medical practices, building materials, work practices and transport; comparative photography; Google map searches and aerial shots; and the study of country—landforms, land systems, land use, water, climatic and geological data. These measures and systems provided valuable insights for interpreting the photographs and for understanding the documents, which contain embedded historic, social and cultural elements.

Yet, as valuable as this research was, it did not and could not make the photographs come alive. Goffman advised researchers to 'get out there and get into the culture'.[78] To breathe life into historical photographs, it is important to understand how things are now. Barthes claimed that, after thorough interpretation, 'the photograph should be habitable not just

[75] Barthes, *Camera Lucida*, 9.

[76] Lydon, *Eye Contact,* 3–4; Moxley, 'Analyze Artefacts', 1–5.

[77] Jordanova, 'Approaching Visual Materials', 33.

[78] Erving Goffman, 'Participant Observation: Ethnography', quoted in B. Hoey, *A Simple Introduction to the Practice of Ethnography and Guide to Ethnographic Fieldnotes*.

visitable'.[79] Before commencing my candidature, I travelled to Oodnadatta and stayed in the areas visited by Harland and Williamson, following their journey to gain insight into the lifestyle and living conditions at Oodnadatta and surrounds, and to meet local people and listen to their stories. This assisted me in interpreting the information in the photographs and letters and has been extremely beneficial in building a deeper understanding of Harland and Williamson's words and photographs. Slowly the photographs came to life and the unfamiliar language and terminology gained new meanings.

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During the 1918–1920 influenza pandemic, long lines of evenly spaced beds in large buildings was a scene that was repeated in many towns across the world. As isolation wards in hospitals overflowed, large buildings were converted into makeshift hospitals. Figure 1.1 shows the large hall of the Melbourne Exhibition building. A view from a gallery above shows a section of the large hall in which beds of varying styles have been set out neatly across the wooden floor leaving just enough room for staff to move between. Patient meal trolleys visible in the foreground sport pot plants to freshen the air. There is little privacy, as patients required careful nursing and constant observation to afford them an opportunity to recover. For this, as seen in Figure 1.1, there are at least twelve staff attending them, some careers and other students or volunteers. Some gather at bedsides while others confer with one another. The setup at Oodnadatta differed vastly from this. Its hastily erected makeshift tent was set in a dry desert landscape. Chapter 2 introduces a global perspective to the pandemic to create a basis for comparison for the microhistory of influenza at Oodnadatta.

[79] Barthes, *Camera Lucida*, 38.

Figure 1.1: Hospital Beds in the Great Hall, Melbourne Exhibition Building, during the Influenza Pandemic c. 1919, Carlton Victoria

Source: Museum Victoria, accessed 16 March 2018, http://collections.museumvictoria.com.au/content/media/49/268049-smalljpeg.
Note: this was a very different situation to the one at Oodnadatta where patients were cared for in their own homes or in a makeshift tent hospital in the desert.

Chapter 2

‘The Great Influenza Pandemic’

Autumn wind was rustling grasses in the sun-bleached paddocks of the Kiewa Valley in north-east Victoria as Reverend Coledge Harland prepared for his Easter services in 1918. His thoughts undoubtedly would have drifted to his two brothers who were serving overseas as part of the Australian contingent in World War One (WWI).[80] *The Border Morning Mail and Riverina Times* and other newspapers,[81] as well as letters from his brothers,[82] kept him informed of world events, but these made no mention of an extremely virulent strain of influenza that had broken out in an army training camp in Funston, the United States.[83] Of this Harland was blissfully unaware. However, given the vital role he would play in the care of patients afflicted by the killer disease in June and July of 1919, he would soon become intimately aware of pandemic influenza. Sister Jean Williamson, with whom he was to work, in 1919 was nursing at the John Paton Memorial Hospital of New Hebrides (Vanuatu) in the Pacific Ocean as the first wave of the influenza pandemic began to spread in late March 1918.[84]

To give some context to the microhistory of the tiny railway township in the Kati Thanda (Lake Eyre) basin in the far north of South Australia, this chapter provides an overview of the 1918–1920 influenza pandemic, revealing peoples’ understandings of the disease at the time—its origins and spread, the characteristics of the mutating disease, its selective patterns of mortality, and the measures taken to manage and contain it.

First and Second Wave of Pandemic Influenza

Most experts support the findings of John Barry from the Centre for Biomedical Research at Tulane University who explained that the first recorded serious outbreak of influenza occurred at Camp Funston in March 1918 where over a thousand military recruits were hospitalised with

[80] Harland Documents, Harland Collection; Australian War Service Records; Arthur was with the AIF and Claude was with the Merchant Navy, Harland Collection.

[81] ‘Haig’s Latest Report’, *The Border Morning Mail and Riverina Times* (Albury, NSW), 28 March 1918, 2–3, accessed 2 December 2017, http://nla.gov.au/nla.news-article109706959; numerous other articles.

[82] His younger brother, Ormond, had paid the ultimate price in 1916 on the battlefield at Fromelles in France, Harland Collection; Australian War Service Records.

[83] John M. Barry, ‘The Site of the Origin of the 1918 Influenza Pandemic and its Public Health Implications’, *The Journal of Translational Medicine* 2, no. 3 (2004): 1–4, accessed 8 September 2016, http://www.translational-medicine.com/content/2/1/3.

[84] Williamson, ‘A Nurse in the New Hebrides’, 4–7. Harland Collection

a serious form of influenza, resulting in forty-nine deaths from secondary bacterial pneumonia.[85] The first wave caused very serious illness and excessive hospitalisation but the death rate was generally not excessive.[86] Barry noted that, as troops moved across the United States on their way to France to join the allied war effort, the first wave of pandemic influenza accompanied them.[87] The pandemic then spread rapidly through Europe, Scandinavia and the Pacific, to include remote areas of Alaska and some isolated Pacific Islands.[88] Anthropologists Lisa Sattenspiel and Ann Herring maintained that the seriousness of influenza was underestimated and this allowed the first wave to spread unimpeded.[89]

According to geographers Niall Johnson and Juergen Mueller, the first wave of influenza was not publicised; the effects were played down and quarantine measures were not instigated.[90] Countries engaged in the war did not give the full picture or the extent of mortality because media censorship was in place both to protect community morale and to keep the enemy uninformed.[91] Thus, when influenza mutated into a more virulent and deadly second wave in June 1918, it was already widely dispersed.[92] In a medical review of the pandemic, microbiologist Stacey Knobler

[85] Barry, 'The Site of the Origin', 1–4; also see Alfred W. Crosby, *America's Forgotten Pandemic: The Influenza of 1918* (Cambridge: Cambridge University Press, 2003), 1.

[86] Barry, 'The Site of the Origin', 1–2.

[87] John Barry, Cecile Viboud and Lone Simonsen, 'Cross Protection between Successive Waves of the 1918-1919 Influenza Pandemic: Epidemiological Evidence from U.S. Army Camps and from Britain', *The Journal of Infectious Diseases* 198 (2008): 1427–2734, accessed 15 September 2016, doi:101086/; also see Barry, 'The Site of the Origin', 3.

[88] Lisa Sattenspiel and Ann Herring, 'Simulating the Effects of Quarantine on the Spread of the 1918–1929 Flu in Central Canada', *Bulletin of Mathematical Biology* 65 (2003):1, 2, 6, accessed September 2016, doi:10.1006/bulm.2002.0317; Jeffrey Taubenberger, Ann Reid, Amy Krafft, Karen Bijwaard and Thomas Fanning, 'Initial Genetic Characteristics of the 1918 "Spanish" Influenza Virus", *Science Magazine* 275 (21 March 1997): 1793, accessed 1 October 2016, doi:10.1126/science.275.5307.1793; K. David Patterson and Gerald Pyle, 'The Geography and Mortality of the 1918 Influenza Pandemic', *Bulletin of Historic Medicine* 76, no. 1 (February 2002): 105–117, accessed 2 September 2016, https://www.researchgate.net/publication/11487892.

[89] Sattenspiel and Herring, 'Simulating the Effects of Quarantine', 5–6.

[90] Niall Johnson and Juergen Mueller, 'Updating the Accounts: Global Mortality of the 1918–1920 "Spanish" Influenza Pandemic', *Bulletin Historic Medical* 76, no. 1 (2002): 108, accessed 2 September 2016, doi:10.1353/bhm.2002.0022; see also Stacey Knobler, Alison Mack, Adel Mahmoud and Stanley M. Lemon, eds, *The Threat of Pandemic Influenza. Are We Ready?* (Washington D.C: National Academes Press, 2005), 80.

[91] Knobler et al., *The Threat of Pandemic Influenza,* 12; also see Crosby, *America's Forgotten Pandemic,* 29; Peter Curson and Kevin McCracken, 'An Australian Perspective of the 1918–1919 Influenza Pandemic', *New South Wales Public Health Bulletin* 17, no, 7–8 (2006): 103–107, accessed 13 March 2016, doi: 10.1016/So140-6736(72)91755-8.

[92] Knobler et al., *The Threat of Pandemic Influenz*a, 12.

and colleagues explained that approximately one-third of the world's population was infected in June, July and August 1918.[93]

The deadly influenza of 1918–1920 was given the name 'Spanish Flu' in some places. According to Lone Simonson and other researchers from the National Centre for Infectious Diseases at Atlanta University, this was because the King of Spain was one of the first high profile fatalities. Since Spain was not involved in the war, media reports were not restricted.[94] When influenza reached New Zealand, it gained the name 'Black influenza' because of the high death rate among the Indigenous population.[95] In Australia, a variety of titles were given to the pandemic, including 'influenza epidemic', 'plague', 'influenza Vera', 'pneumonic influenza', 'Spanish influenza' and 'Black influenza'.[96]

In 1927, after reviewing a number of influenza studies, bacteriologist Dr Edwin Jordan predicted that the final world death toll would rise because there was inaccuracy and inconsistency in reporting and labelling of the disease.[97] He advised that reports were being withheld, or understated, and that this may have occurred because progression and complications of the illness were different to usual influenza.[98] In many cases, the illness was initially reported as dengue fever, meningitis, 'A-typical' pneumonia, pulmonary tuberculosis, phthisis, purulent bronchitis or bronchopneumonia, because it had attributes or signs and symptoms associated with these diseases.[99]

Although accurate figures were not available at the time of the crisis, evidence of disease and excessive mortality would have been apparent. However, Jordan suggested that influenza may not have been the main focus of reporters in 1918; instead, their interest would have been consumed by the horrific numbers of battlefield deaths and casualties.[100] The total number of

[93] Ibid., 10; Crosby, *America's Forgotten Pandemic*, 4.

[94] Lone Simonsen, Matthew Clarke, Laurence Schonberger, Nancy Arden, Nancy Cox and Keiji Fukuda, 'Pandemic versus Epidemic Influenza Mortality: A Pattern of Changing Age Distribution', *Journal of Infectious Diseases* 178, no.1 (1989): 53–60, accessed 29 July 2016, doi:10.1086/515616.

[95] Humphrey McQueen, 'The "Spanish" Influenza Pandemic in Australia, 1918–19', in *Social Policy in Australia: Some Perspectives 1901–1975*, ed. Jill Roe (Sydney: Castell, 1976), 131–47.

[96] Ibid.; Williamson referred to it as to 'pneumonic influenza' in her letters and reports.

[97] Edwin O. Jordan, *Epidemic Influenza: A Survey*. Chicago: American Medical Association Journal, 1927. 35.

[98] Ibid., 229.

[99] Jordan, *Epidemic Influenza: A Survey*, 35, 260; also see Evelyn Pearce, *A General Textbook of Nursing* (London: Faber and Faber, 1938) 381–91; later confirmation comes from G. Tortoro and S. Grabowski, *Principles of Anatomy and Physiology*, 8th ed. (New York: Harper Collins, 1996), 745–46.

[100] Jordan, *Epidemic Influenza: A Survey*, 60.

combat-related deaths during WWI is estimated to have been more than eight million.[101] As further information surfaced and records were further interrogated using new methods to calculate mortality, the death toll from the 1918–1919 influenza pandemic steadily grew from Jordan's estimate of more than twenty-one million (in 1927)[102] to at least fifty million. Recent research by epidemiologists David Morens, J. Taubenberger and A. Fauci from the National Institute of Health at Bethesda suggests that somewhere between fifty and one hundred million people died.[103] Thus, it is clear that combat deaths were dwarfed by the number of deaths from pandemic influenza.[104]

The extent of pandemic influenza's reach (i.e., how widespread it was) and its capacity to kill (i.e., mortality rate) was not fully realised at the time. Nor was it realised nearly a decade later when Jordan was undertaking his survey; he referred to as an 'epidemic'.[105] It gained the title of 'pandemic' well after it had disappeared, perhaps when the true extent and spread of the mortality was realised. This is explained below. Viruses had not been discovered in 1918. Until influenza became a notifiable disease in late 1918, the presence of epidemic or pandemic influenza was determined by symptoms and through assessing the number of influenza deaths above the normal seasonal mortality rate, producing an 'excess seasonal mortality' rate.[106] This system of determination would have delayed recognition of the potential of the influenza outbreak. New, more effective, methods became available after Drs Wilson Smith, C. H. Andrewes and P. P. Laidlaw from the National Institute for Medical Research in England isolated viruses in 1933. Further research enabled isolation of the specific types of influenza that could become an epidemic or pandemic.[107]

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[101] Great War Resources, 'WW1 Casualties and Deaths, PBS', accessed 14 June 2018, https://www.britannica.com/event/World-War-1/killed-wounded-missing .

[102] Jordan, *Epidemic Influenza: A Survey*, 214.

[103] Morens, Taubenberger and Fauci, 'Predominant Role of Bacterial Pneumonia as a Cause of Death in Pandemic Influenza: Implications for Pandemic Influenza Preparedness', *Journal of Infectious Diseases* 198, no.7 (2008): 962–70. doi:10.1086/591708; also see Curson and McCracken, 'An Australian Perspective', 103–07; John Barry, 'The Story of Influenza Revisited: Lessons and Suggestions for Further Inquiry', in *The Threat of Pandemic Influenza. Are We Ready?*, eds Stacey Knobler, Stacey, Alison Mack, Adel Mahmoud and Stanley M. Lemon (Washington D. C: National Academes Press, 2005), 1.

[104] Great War Resources, 'WW1 Casualties and Deaths'.

[105] Jordan, *Epidemic Influenza: A Survey*, 60–75; for a later study also see Simonsen et al., 'Pandemic Versus Epidemic', 54.

[106] Simonsen et al., 'Pandemic Versus Epidemic', 53–54; also see Johnson and Mueller, 'Updating the Accounts', 108.

[107] Wilson Smith, C. H. Andrewes and P. P. Laidlaw, 'A Virus Obtained from Influenza Patients', *The Lancet* 222, no. 532, (8 July 1933): 66–68, accessed 27 October 2016, doi:10.1016/5140-6737(00)785412-2; also see C. Andrews, P. Laidlaw and Wilson Smith, 'Influenza: Observations on the Recovery of Virus from Man and

In 1948, the World Health Organization (WHO) established the WHO Influenza Centre and developed a set of criteria to determine when a disease had reached pandemic status.[108] Epidemiologists Jeffery Taubenberger, Ann Reid, Amy Krafft, Karen Bijwaard and Thomas Fanning determined in 1997 that the 1918–1920 influenza was an influenza 'A' virus H1N1.[109] Simonsen and colleagues explained that those influenza viruses that have the potential to become a pandemic are, in fact, different from less virulent seasonal influenza viruses and are an influenza 'A' virus to which most people have not been exposed.[110] To summarise, what constitutes a pandemic is a worldwide outbreak of a virus that could easily and rapidly spread between humans, infecting large numbers of people and causing serious disease and death worldwide.[111]

The 1918–1920 pandemic influenza was a particularly virulent influenza strain. Recent research by microbiologist Edwin Kilbourne shows that a series of antigen shifts altered its virulence over the three years.[112] Knobler and colleagues calculated the mortality rate at between 2.5 to 3 per cent of the world's population, whereas the mortality rate in pandemics prior to and beyond 1919 was less than 0.1 per cent.[113] Simonsen and others described the Spanish influenza of 1918–1919 as the most infectious pandemic in history, perhaps equalling or surpassing the 'Black Death' of the fourteenth century, which killed approximately seventy-five million people.[114]

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on the Antibody Content of Human Sera', *The British Journal of Experimental Pathology* 16, no. 6 (December 1935): 566–82, accessed 27 October 2016, europepmc.org/articles/PMC2065219.

[108] Worldwide Influenza Centre, 'Influenza', Worldwide Influenza Centre Information page, accessed 12 December 2017, www.crick.ac.uk/research/worldwide-influenza-centre/; also see M. Miller, C. Viboud, M. Balinska and L Simonsen, 'The Signature Features of Influenza Pandemics: Pandemics- Implications for Policy', *New England Journal of Medicine* 360 (16 June 2009): 2595–98, accessed 4 June 2016, doi:10.1056/NEJMp0903906.

[109] Taubenberger, et al., 'Initial Genetic Characteristics', 1793; World Health Organization, 'Epidemiological Summary of Pandemic Influenza A (H1N1) 2009 virus—Ontario Canada, June 2009', Weekly Epidemiological Record 47 (20 November 2009): 485–92, accessed 26 July 2016, http//www.who.int/wer.

[110] Simonsen et al., 'Pandemic Versus Epidemic', 53–54; also see Miller et al., 'The Signature Features of Influenza', 2.

[111] Heath Kelly, 'The Classical Definition of a Pandemic Is Not Elusive', *Bulletin of World Health Organisation* 89 (2011): 540–41, accessed 4 June 2016, doi:10.2471/BLT.11088815; also see Miller et al., 'The Signature Features of Influenza'; C. Potter, 'A History of Influenza', *Journal of Applied Microbiology* 91, no. 4 (October 2001): 575–79. doi:10.1046/j.1365-2672.2001.01492.x; *World Health Organisation Bulletin*, 'Pandemic Influenza'.

[112] Kilbourne, 'Influenza Pandemics of 20th Century', *Emerging Infectious Diseases* 12, no. 1 (January 2006): 11, accessed 26 July 2016, www.cdc.gov/eid.vol.

[113] Knobler et al., *The Threat of Pandemic Influenza*, 8; Morens, Taubenberger and Fauci, 'Predominant Role of Bacterial Pneumonia'.

[114] Simonson et al., 'Pandemic versus Epidemic', 54–56; Howard Phillips, 'The Reappearing Shadow of 1918: Trends in the Historiography of the 1918-19 Influenza Pandemic', *Canadian Bulletin of Medical History/BCMH* 21, no. 1 (2004): 121–22, accessed 18 September 2016,

The pattern of mortality was unusual. In previous epidemics and pandemics, the mortality rate was highest among the very young, people with health issues and the elderly, while healthy teenagers and adults had a relatively low mortality rate.[115] The 1918 pandemic was different; the lowest mortality was in children aged five to twelve,[116] while the highest mortality—accounting for almost half the deaths—was in young adults aged between eighteen to thirty-five.[117]

Knobler and other researchers stated that, for those over thirty-five years of age, earlier pandemics of 1882 and 1889–1890 may have led to relative immunity.[118] Epidemiologist John Brundage acknowledged in his 2008 research that the unusual spread of mortality was not the same for all communities, and that for many isolated or remote indigenous communities across the world, mortality was more indiscriminate of age group, and the death rate was far greater.[119] Oodnadatta in South Australia was isolated and remote, and the mortality among the Aboriginal population of the area was far higher than that of the non-Aboriginal population.[120]

The initial misdiagnoses of the disease that Jordan highlighted, probably stemmed from the unusual nature of the disease and cause of death. Taubenberger and A. Fauci determined that, in

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http:/www.cbmh.ca/index.php/cbmh/article/view/1301; also see R. Olson, L. Simonson, P. Edelson and S. Morse, 'Epidemiological Evidence of an Early Wave of the 1918 Influenza Pandemic in New York City', *Proc. National Academy of Science, USA* 102, no. 31, issue 5 (2005): 11059, accessed 29 July 2016, www.pnas.org/cgi/doi/10.1073/pnas.0408290102.

[115] Anthea Hyslop, 'Epidemics', in *The Oxford Companion to Australian History*, eds Graham Davidson, John Hirsh and Stuart McIntyre (Melbourne: Oxford University Press, 1998), 220–22; also see Simonsen et al., 'Pandemic Versus Epidemic', 54; Jeffrey Luk, Peter Gross and William Thompson, 'Observations of Mortality during the 1918 Influenza Pandemic', *Clinical Infectious Diseases* 33, no.8 (2001): 1375–77, accessed 28 July 2016, https://doi.org/10.1086/322662.

[116] Jordan, *Epidemic Influenza: A Survey*, 37, 203; for later research also see Simonsen et al., 'Pandemic Versus Epidemic'; Knobler et al., *The Threat of Pandemic Influenza*; Rafi Ahmed, Michael B. A. Oldstone and Peter Palase, 'Protective Immunity and Susceptibility to Infectious Diseases: Lessons from the 1918 Influenza Pandemic', *Nature Immunology* (2007): 1188–93, doi:10.1038/ni1530.

[117] Jordan, *Epidemic Influenza: A Survey*, 199–203; for later research see John Brundage and Dennis Shanks, 'Deaths from Bacterial Pneumonia during the 1918-19 Influenza Pandemic an Historic Review', *Emerging Infectious Diseases Journal* 4, no. 8 (August 2008) 2, 5, accessed 13 March 2016, http://www.nc.gov/eid?article/14/8/07-1313_article#.

[118] Knobler et al., *The Threat of Pandemic Influenza*, 8–10; also see Barry, Viboud and Simonsen, 'Cross Protection between Successive Waves', 1427–2734.

[119] Brundage and Shanks, 'Deaths from Bacterial Pneumonia', 6. Knobler estimated mortality for the general population of the world to be approximately 2.5 per cent. See Knobler et al., *The Threat of Pandemic Influenza*, 7; Johnson and Mueller, 'Updating the Accounts'; Svenn-Erik Mamelund, 'Geography May Explain Adult Mortality from the 1918–20 Influenza Pandemic', *Epidemics* 3, no. 1 (2011): 48–49, accessed 26 May 2016, http://www.sciencedirect.com/science/article/p11/S1755436511000053; Susan Mayer, 'Four Pacific North West Reservations and the Influenza Pandemic from 1918-1919' (Master's thesis, Emporia State University, 2012), accessed 2016, http://hdl.handle.net/123456789/1009.

[120] Tom Gara, 'The Spanish Influenza Epidemic of 1919 and its Impact on Aboriginal People in South Australia', paper presented at History South Australia: Talking History, April 2016, 10–13 (private copy); for earlier references see T. G. H. Strehlow, *Songs of Central Australia*, pxxxv, quoted in Gara, 'The Spanish Influenza Epidemic', 9–14; SRSA GRG 23/1/337/330/1922.

the majority of cases, death included critical damage to the respiratory system.[121] A later study by Morans, Taubenberger and Fauci revealed that the initial serious damage to the surface layers of the bronchial system by pandemic influenza allowed pneumonic bacteria to multiply in the warm, damaged tissue. They concluded that death 'for all age groups was predominantly associated with secondary pneumonia and pulmonary complications'.[122] Morens and Fauci explained that over half the deaths were associated with an extreme disorganised overreaction of the immune system to the secondary bacteria[123] that was referred to in 1919 as 'A-typical pneumonia', whereas today it is defined as 'Acute Respiratory Distress Syndrome' (ARDS).[124]

Responses: Preventions and Treatments

A very large medical and nursing contingent was required to care for wounded soldiers during the last year of the war. Isaac Starr, a medical student at the time of the pandemic, explained in 1976 that field and civilian hospitals, army bases and hospital ships across the war zones of France, England and parts of Europe were inundated with wounded service personnel.[125] He and others pointed out that hundreds of doctors and thousands of nurses from America, Britain, Australia and other allied nations were called to assist with the huge numbers of war wounded.[126] Starr, who nursed influenza patients during the pandemic, recalled that hospital isolation units quickly became inundated with patients, so other temporary facilities had to be set up in affected towns across the world.[127] Large buildings were converted to hospitals and tents were brought in.[128] Starr and others stressed that, without an extensive network of volunteers and seconded workers (including medical and nursing students, teachers and nuns), the situation would have

[121] Taubenberger et al., 'Initial Genetic Characterisation', 1783.

[122] Morens, Taubenberger and Fauci, 'Predominant Role of Bacterial Pneumonia', 4.

[123] David Morens and A. Fauci, 'The 1918 Influenza Pandemic: Insights for the 21st Century', *Journal of Infectious Diseases* 195 (April 2007), 1020.

[124] Ibid.; also see Tortoro and Grabowski, *Principles of Anatomy and Physiology*, 746; Chris Nickson, 'Acute Respiratory Distress Syndrome (ARDS): Definitions', *Critical Care Compendium*, 1–8, accessed 8 December 2017, https://lifeinthefastlane.com/ccc/acute-respiratory-distress-syndrome-ards-definitions/.

[125] Isaac Starr, 'Influenza in 1918: Recollections of the Epidemic in Philadelphia', *Annals of Internal Medicine* 145, no. 2 (18 July 2006): 138 (first published 1976), accessed 19 September 2016, http://annals.org. For later research see Arlene Keeling, 'Alert to the Necessities of the Emergency: U.S. Nursing During the 1918 Influenza Pandemic', *Public Health Report* 125, suppl. 3 (2010): 1, accessed 22 October2016, doi:10.1177/00333549101250S313.

[126] Starr, 'Influenza in 1918', 138. For later research see Katherine Berger Johnson, 'Call to Serve: American Nurses Go to War 1914–1918' (Master's thesis, University of Louisville, 1993), accessed 8 December 2017, http://dx.doi.org/10.18297/etd/701; Keeling, 'Alert to the Necessities'.

[127] Starr, 'Influenza in 1918', 138–39; also see Phillip Woodruff, *Two Million South Australians* (Kent Town: Peacock Publications, 1984), 65. Several news articles of the time also refer to this.

[128] Starr, 'Influenza in 1918', 139, 140; also see Woodruff, *Two Million South Australians*, 65.

been far worse.[129] North American historian Lori Loeb has recently argued that hospital beds and support during the pandemic was so overstretched that many families had to fend for themselves.[130]

The Royal College of Physicians in Britain advised in 1918 that there were no drugs that could cure influenza.[131] The College of Physicians of Philadelphia agreed that 'there was neither treatment nor an effective vaccine' for the Spanish Influenza of 1918–1919.[132] According to Loeb, there was 'little consensus' on the management of the pandemic, or on which treatments or drugs to use.[133] Many of the medicines and treatments were credited as assisting with pain and some of the symptoms but were thought incapable of curing influenza or the secondary bacterial pneumonia.[134] However, this has recently been challenged by neurobiologists Kathy Abascal, Eric Yarnell and others whose research suggests that eclectic physicians, homoeopathists and herbalists successfully treated influenza patients with botanical medications and treatments during the pandemic of 1918–1920.[135] (This is discussed in Chapter 4.) The 1918–1919 pandemic arrived before the discovery of antibiotics or antiviral medications.[136]

During the pandemic, research and experimentation was conducted in an effort to create an effective vaccine and to discover a cure, with several nations attempting forms of vaccination.[137]

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[129] Starr, 'Influenza in 1918', 140; Lori Loeb, 'Beating the Flu: Orthodox and Commercial Responses to Influenza in Britain, 1889–1919', *Social History of Medicine* 18, no. 2 (2005), accessed 7 September 2016, doi:10.1093/sochis/hki030.

[130] Loeb, 'Beating the Flu', 207–10. For Australian research, see Gara, 'The Spanish Influenza Epidemic', 10–13; Humphrey McQueen, 'Spanish Flu 1919: Political, Medical and Social Aspects', *Medical Journal of Australia* 18 (1976): 568.

[131] Loeb, 'Beating the Flu', 210.

[132] Loeb, 'Beating the Flu', 211; also see Pennsylvania Council of National Defence, Department of Medicine, Sanitation and Hospitals. Emergency Services of the Pennsylvania Council of National defence in Influenza Crisis. Harrisburg, PA. 1918. Medical Library. http://histmed.collegeofphysicians/for-students/influenza/.

[133] Loeb, 'Beating the Flu', 203.

[134] Ibid., 207–08.

[135] Kathy Abascal and Eric Yarnell, 'Herbal Treatments for Pandemic Influenza: Learning from the Eclectic's Experience', *Alternative & Complimentary Therapies* (October 2006) 214, 220, accessed 13 January 2018, https://www.academia.edu/2936980/Herbal_Treatments_for_Pandemic_Influenza_Learning_from_the_Eclectics_Experience; also see Pam Pappas, 'Homeopathy, Allopathy, and the 1918 Influenza Pandemic', *Homeopathy Papers* (November 2010): 216–18, accessed 13 January 2018, https://hpathy.com/homeopathy-papers/homeopathy-allopathy-and-the-1918-influenza-pandemic; Melanie Grimes, 'Homeopathy Successfully Treated Flu Epidemic of 1918', *Natural News* (28 April 2009), accessed 13 January 2018, https://organicconsumers.org/news/homeopathy-sucessfully-treated-flu-epidemic-of-1918.

[136] Jordan, *Epidemic Influenza: A Survey*, 301.

[137] Ibid., 465–68; for later research also see Barry, Viboud and Simonsen, 'Cross Protection between Successive Waves'; Knobler et al., *The Threat of Pandemic Influenza*; Yu-Wenn Chien, Keith P. Klugman and David M. Morans, 'Efficacy of Whole-Cell Killed Bacteria Vaccines in Preventing Pneumonia and Death during the

According to epidemiologists Yu-Wen Chien, Klugman, Morans and others, vaccines prepared with a mix of whole cell inactivated bacteria containing pneumococcal bacteria, and other pneumonia causing bacteria common to the respiratory system, were of some value against the secondary bacterial pneumonia if given before exposure to influenza.[138]

In Australia, advertisements and articles from the Commonwealth director of quarantine, state health departments and local councils promoting the value of inoculations appeared from late 1918.[139] The national director of quarantine, Dr John Cumpston, asserted in February 1919 that inoculation was beneficial, although 'protection was not absolute', and acknowledged that some people still contracted influenza.[140] According to recent research conducted by Peter Curson and Kevin McCracken from the Department of Human Geography at Macquarie University, over half the population of Sydney were inoculated between mid-1918 and early 1919.[141]

Australian Quarantine and Prevention Measures

Troop carriers transported a deadly influenza cargo around the Cape of Good Hope to Cape Town in southern Africa and then on to New Zealand in September 1919 and both places were seriously infected. There was an exceedingly high death toll, especially among New Zealand's indigenous population.[142] The prime minister of the Union of South Africa and the New Zealand Health Department alerted the Australian Government in October 1918 to the high death toll from influenza in their respective countries, stressing the importance of doing everything possible to

1918 Influenza Pandemic', *Journal of Infectious Diseases* 202, no. 11 (2010): 1639–48, accessed 2016, doi://1007soo284.007-9045-0.

[138] Chien, Klugman, and Morans, 'Efficacy of Whole-Cell', 1639–48; also see Knobler et al., *The Threat of Pandemic Influenza*; Andrew May, 'Swine Flu: In Focus', *School of Historical Studies*, University of Melbourne, 2008 (updated 2010), accessed 4 September 2016, http://emelbourne.net.au/biogs/EM0213b.htm.

[139] 'Spanish Influenza Precautions in this State', *The Advertiser* (Adelaide), 23 November 1918, 9, 11, accessed 10 September 2016, http://nla.gov.au/nla.news-article5608136; 'Position in South Australia', *The Sydney Morning Herald*, 28 January 1919; 'Influenza South Australia Infected', *The Advertiser* (Adelaide), 5 February 1919, 7, http://nla.gov.au/nla.news-article5627897; 'Free Inoculations', *Daily Observer* (Tamworth), 5 February 1919; 'Pneumonic Influenza, Inoculations', *The Inverell Times*, 18 February 1919; 'Value of Vaccine', *The Wooroora Producer*, 27 February 1919, 2.

[140] 'Value of Vaccine', *The Wooroora Producer*, 27 February 1919; 'Influenza Preventatives', *Barrier Miner* (Broken Hill, NSW), 14 April 1919, 2, accessed 10 September 2016, http://nla.gov.au/nla.news-article45479952.

[141] Williamson was nursing in Sydney at the time so it is highly likely that she was vaccinated. Curson and McCracken, 'An Australian Perspective', 103–07; also see 'Value of Vaccine', *The Wooroora Producer*, 27 February 1919; John H. L., Cumpston, *Health and Disease in Australia: A History*, ed. M. J. Lewis (Canberra: Australian Government Publishing Service, 1989); 'Spanish Influenza Precautions in this State', *The Advertiser*, 23 November 1918, 8–11.

[142] Woodruff, *Two Million South Australians*, 61.

prevent influenza entering Australia.[143] In response, the Australian Government applied a stringent maritime quarantine from October 1918. All ships arriving in Australia were quarantined until authorities were able to ensure there was no disease on board.[144] Crews and passengers on some vessels that were held at sea suffered from the highly contagious and extremely virulent influenza.[145]

Sister Jean Williamson returned to Australia from the New Hebrides to complete her studies in July 1918. She was nursing in Sydney when a virulent strain of influenza spread through that city.[146] New South Wales experienced serious influenza from September until December 1918. During this period, possibly one-third of the population were infected and, in parts of southern New South Wales and Sydney, some deaths occurred.[147] In 1919, Cumpston claimed that this influenza had mutated from influenza that had been present in Australia prior to the quarantine and was not part of the international epidemic.[148] However, Jordan later attributed those deaths to the first wave of the epidemic.[149]

After meeting to review quarantine procedures, on 27 October 1918 Australian authorities declared influenza to be a notifiable disease under the Public Health Act.[150] The Central Board of Health of South Australia announced on 26 November 1918 that there was a risk that 'influenza Vera' could arrive, and that there was a need to prevent entry to the state.[151] Leaflets were distributed by the local boards of health and in newspapers to households explaining influenza precautions. The information included simple guidelines for care and treatment and ideas on how to prevent contamination.[152] Mayumi Kako and colleagues have argued that

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[143] Ibid., 60.

[144] John Cumpston in Jordan, *Epidemic Influenza: A Survey*, 87, 457.

[145] 'Spanish Influenza Precautions in this State', *The Advertiser*, 23 November 1918.

[146] Williamson to Ruby 17 November 1918, Harland Collection.

[147] Jordan, *Epidemic Influenza: A Survey*, 457; also see Cumpston (1919) in Jordan, *Epidemic Influenza: A Survey*, 465.

[148] Jordan, *Epidemic Influenza: A Survey*, 457.

[149] Ibid.

[150] 'Influenza a Notifiable Disease', *The Age* (Melbourne), 21 November 1918, 6, accessed 20 March 2018, http://nla.gov.au/nla.new-article155231924; also see SRSA GRG 8/1/3/298-1916-1922 Central Board of Health, Chairman, Central Board of Health, report to State Government, Powers of Central Board of Health under the Health Act inadequate for epidemic; request to expand powers, 21 November 1918.

[151] SRSA GRG 8/1/3/300-1916-1922 Central Board of Health, Dr Ramsey Smith to Central Board of Health Chairman, Danger of Outbreak of Influenza Vera.

[152] 'Spanish Influenza Precautions in this State', *The Advertiser*, 23 November 1918, 9; Department of Health, 'Influenza', *Australian Nurses Journal New South Wales*, 5 April 1919, Harland Collection.

declaring the disease to be notifiable enabled health departments to inspect hospitals and homes and to collect data of those affected with influenza.[153]

On 14 January 1919, Sister Jean Williamson and her younger sister Margaret travelled from Sydney through Melbourne and Adelaide to Oodnadatta to take up their new positions at the Australian Inland Mission hostel[154] (see Figure 2.1). They arrived at their destination on 24 January, a couple of weeks before Victoria, South Australia and New South Wales officially announced that they had patients with pneumonic influenza and closed the state borders on 5 February.[155]

Figure 2.1: Sister J. Williamson and Margaret Williamson, Oodnadatta, 1919

Photographer: Harland, Harland Collection.
Note: Sister Jean Williamson with her younger sister Margaret who was her assistant and companion, on the veranda of the Old Hospital.

[153] Mayumi Kako, M. Steenkamp, P. Rokkas, O. Anikeevaa and P. Arbon, 'Spanish Influenza 1918-1919: The Extent and Spread in South Australia', *Australasian Epidemiologist* 22, no. 1 (August 2015): 1, accessed 5 December 2017, http://www.researchgate.net/publication/281976656.

[154] Harland Diary January 13-14, 1919; Williamson to Ian c 1950, Harland Collection.

[155] McQueen, 'Spanish Flu 1919'; also see 'Influenza South Australia Infected', *The Advertiser*, 5 February 1919; SRSA GRG 8/1/3/0/2 Central Board of Health, Record of Correspondence, entry 59, 5 February 1919.

The Williamson sisters had been at Oodnadatta for almost three months when Reverend Harland arrived to take up his new role as patrol padre on 18 April (see Figure 2.2). The highly virulent, extremely contagious pneumonic influenza was yet to arrive in the small multiracial community of Oodnadatta in the far north of South Australia.[1]

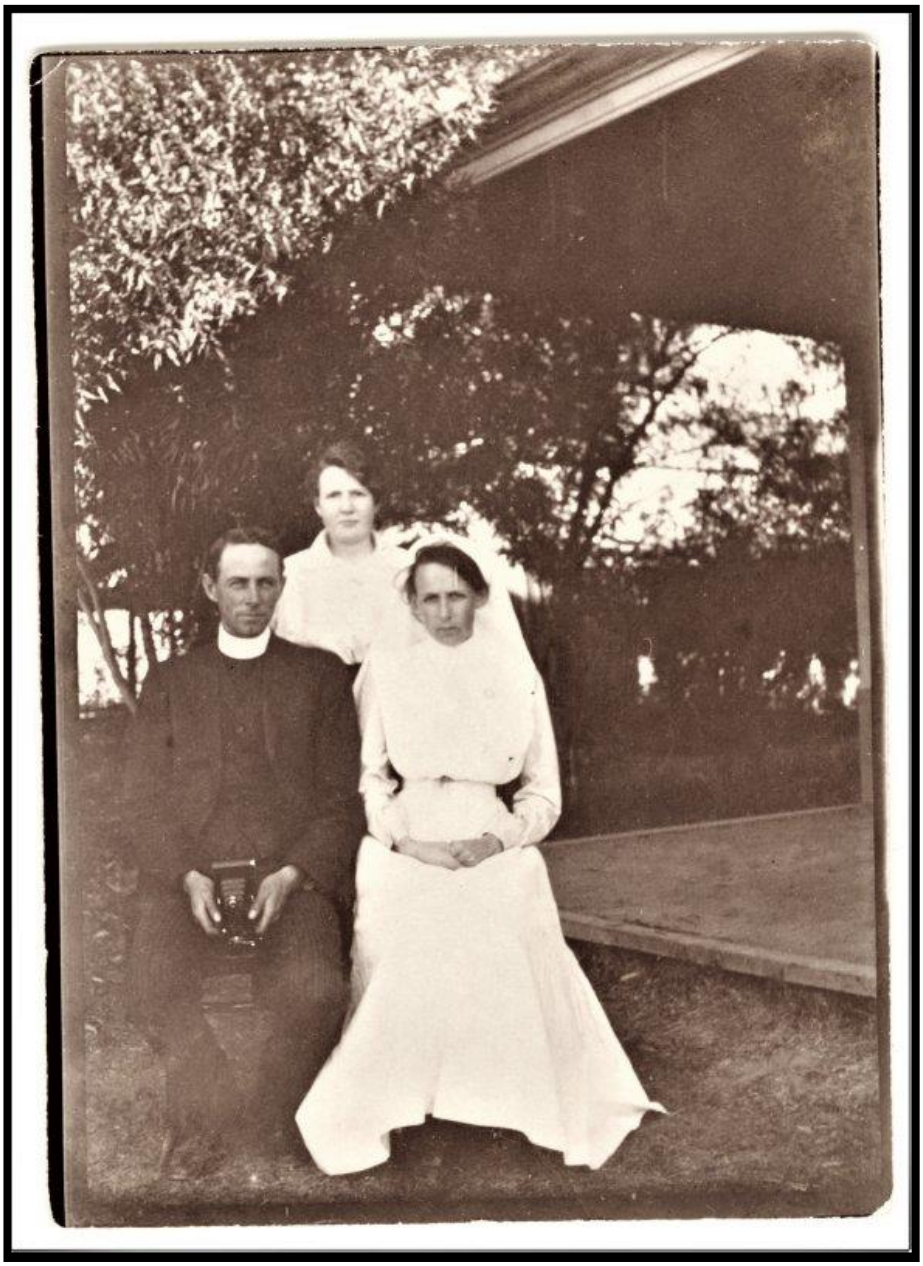

Figure 2.2: Reverend Coledge Harland, Margaret and Sister Jean Williamson, Oodnadatta, 1919

Photographer: Unknown, Harland Collection.
Note: Harland supports his autograph camera in his lap as he, Sister Williamson and Margaret Williamson pose for the photograph outside the AIM hostel. His camera recorded many of the photographs that became the silent observers of events at Oodnadatta.

[1] Harland diary entries April to June 1919, Harland Collection.

Chapter 3 commences with Harland's journey to Oodnadatta; it paints a picture of the remote township—its facilities, the people and their roles—to explain the situation and circumstances that were in place when influenza arrived, just a month after Harland.[2]

[2] Harland, diary entries, April–June 1919, Harland Collection.

Chapter 3

Oodnadatta: 'One of Those Exceptional Places'

Jean Williamson and her sister, Margaret, left Sydney for Oodnadatta in the far north of South Australia to take up their new positions with Australian Inland Mission (AIM) on 24 January 1919.[158] By the end of January, there were infectious influenza patients in the Royal Adelaide Hospital (RAH) and, within days, the borders were closed to interstate rail traffic to minimise the spread of deadly pneumonic influenza. Borders between states were still closed when Reverend Coledge Harland began preparing for a rail journey from Melbourne in February 1919 to northern South Australia.[159] This chapter commences with Williamson's arrival and then traces Harland's journey, which commenced on 2 April following his successful appeal to the Victorian Government. Harland's records of the journey describe the living conditions along the rail line, document the ease with which communicable disease could be transmitted between people and highlight the difficulties incurred in accessing supplies and medical assistance for the people of Oodnadatta. The principles and objectives of Harland and Williamson's roles are explained to ascertain their motivation and commitment. This chapter invokes an image of the isolated desert township of Oodnadatta, the people, their roles, lifestyle and connections to highlight the complexities of managing influenza in that remote multiracial community (see Figure 3.1).

[158] Margaret and Jean Williamsons expected arrival Flynn to Gepp, 4 January, 1919, NLA, Frontier Services Records, MS 5574, AIM, 102/3.

[159] Delay in arrival of Harland Flynn to Gepp, 6 February 1919, NLA, Frontier Services Records, MS 5574, AIM, 102/ 3.

Figure 3.1: Oodnadatta and Surrounding Environs with Town Plan Overlayed

Source: Google Earth 2015 image adapted by P. Bullen (Figure 3.16 provides a detailed view of town plan).
Note: the township stands isolated in the dark red earth of the desert beside the paths of desert-rivers.

'Pneumonic Influenza' Arrives in South Australia

One week after arriving at Oodnadatta, Sister Williamson wrote to the South Australian Central Board of Health (CBH) informing them that serious influenza had spread among the Aboriginal population in far north South Australia, and that 'a great number of the natives around these parts are ill and dying'.[160] She did not specify how many deaths and no information has been found to directly shed any light on this.[161] Her letter arrived at a time when other cases of 'pneumonic influenza' were being reported in South Australia. The chairman of the Royal Adelaide Hospital [RAH], W. G. Coombs, reported on 29 January that highly infectious influenza was present at the hospital, and that thirteen employees, nine patients and four others from outside the hospital had been transferred to the infectious diseases block.[162] One patient was seriously ill while the others were in a satisfactory condition. On 3 February, Dr Ramsay Smith, chairman of the CBH, stated that the CBH was taking over all cases of influenza from the RAH and that all patients had been transferred to the Jubilee Exhibition Building, which had been transformed into an isolation

[160] Jean Williamson to Doctor at Board of Health, 1 February 1919, Harland Collection.

[161] Jean Williamson's reports to the AIM have not become available. There was evidence of influenza in South Australia at the time from Board of Health reports. See SRSA GRG 8/1/3/0/2 Central Board of Health, Record of Correspondence, no. 42, 21 January 1919; 'Position in South Australia', *The Sydney Morning Herald*, 28 January 1919; 'Position in South Australia: Serious Case at the Hospital', *The Advertiser* (Adelaide), 30 January 1919, 7, accessed 12 December 2016, http://nla.gov.au/nla.news-article5626284.

[162] 'Position in South Australia: Serious Case at the Hospital', *The Advertiser*, 30 January 1919, 7.

hospital.[163] The total number of seasonal influenza and pandemic influenza patients at the Exhibition hospital on 5 February was stated as forty-three.[164] Dr Smith, of the CBH, announced on 5 February that there were isolated cases of 'pneumonic influenza' in South Australia but that they were under control.[165]

The South Australian CBH received a letter from the Commonwealth Government on 5 February ordering the closure of all state borders as part of land quarantine measures to prevent the spread of 'pneumonic influenza'.[166] The closure of the borders left many South Australian residents, including politicians, stranded in Melbourne. Three weeks later, an article in the Adelaide *Advertise*r announced the safe arrival of a special train, organised by the South Australian Government, to collect stranded residents.[167] The train passengers were then quarantined for seven days in tents at the Jubilee Oval, a temporary quarantine facility in Adelaide, depicted in Figure 3.2.[168]

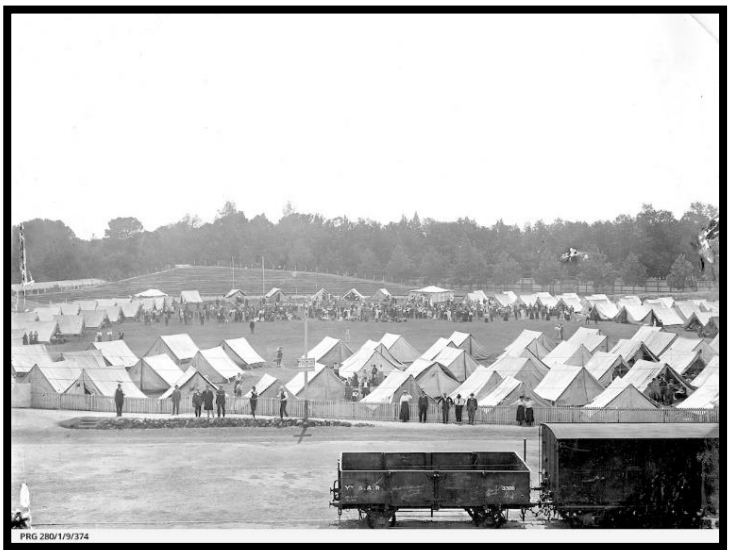

Figure 3.2: The Influenza Camp in Adelaide, Jubilee Oval, 1919

Source: Searcy Collection, State Library of South Australia, PRG 280/1/9/374.

Note: In the foreground of the photograph is the railway line that transported passengers to a quarantine facility at Jubilee oval. Within the boundary fence accommodation consisted of amenities at the rear of the image and four to five neat rows of preformed tents that encircled the oval This contrasted with the tent hospital in Oodnadatta which was formed out of railway tarpaulins laced together with ropes and held up with bush poles.

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[163] 'Influenza Position Unchanged', *The Advertiser* (Adelaide), 3 February 1919, 7, accessed 6 March 2017, http://nla.gov.au/nla/news-article5627218; also see Architects of South Australia, Building Details Jubilee Exhibition Building, accessed 5 March 2017, http://www.architectsdatabase.unisa.edu.au_full.asp?B_ID=304

[164] 'Influenza South Australia Infected', *The Advertiser*, 5 February 1919.

[165] Ibid.

[166] SRSA GRG 8/1/3/0/2 Central Board of Health, Record of Correspondence, entry 59, 5 February 1919; also see McQueen, 'Spanish Flu 1919'; 'Influenza South Australia Infected', *The Advertiser*, 5 February 1919.

[167] 'Trains from Melbourne', *The Advertiser* (Adelaide), 27 February 1919, 5, accessed 9 October 2016, http://nla.gov.au/nla.news-article5634009.

[168] Ibid.

On 27 February, Dr Smith announced that 'everything is quiet. No further cases have been reported in the city.'[169] The borders remained closed to prevent further cases spreading from Victoria or New South Wales where new patients were still presenting.[170] Despite these measures, a new outbreak of highly contagious influenza broke out at Port Pirie in South Australia on 20 March.[171] Located on the east coast of the Spencer Gulf, Port Pirie appeared to be isolated from major population centres; however, reports from the CBH a week later revealed that influenza had spread to Port Augusta and that new outbreaks had begun surfacing around Adelaide.[172]

Harland's Journey North

Harland's diaries from his three years in central Australia contain firsthand insights into the processes and systems implemented to reduce the spread of influenza and to assist patients. Harland, having completed his preparation and training, and purchased the necessities for his new position, attempted to purchase a train ticket from Melbourne to Adelaide on 20 March only to be told by Victorian rail authorities that 'Adelaide passengers were not being booked'.[173] Following appeals to the Victorian Government, and having been inoculated and medically examined, he was finally cleared to travel on 31 March.[174] On 2 April 1919, Harland boarded a train for Adelaide. A nurse and doctor embarked at Bridgewater in South Australia and checked the temperatures of all the passengers. Upon reaching Adelaide, Harland was required to report daily to quarantine authorities for one week, after which he was declared fit to travel beyond the city.[175]

These measures notwithstanding, tracing Harland's train journey from Adelaide to Oodnadatta illustrates the ease with which communicable diseases could be transferred between passengers and communities along the track. It also outlines the distance and time required to replenish

[169] There were still patients in the isolation hospital but no new patients were reporting in. 'Everything Quiet', *The Advertiser* (Adelaide), 27 February 1919, 5, accessed 2 February 2017, http://nla.gov.au/nla.news-article5634009.

[170] 'No Fresh Adelaide Cases', *The Advertiser* (Adelaide), 20 February 1919, 7, accessed 5 February 2017, http://nla.gov.au/nla.news-article5631998.

[171] 'Influenza Three More Cases', *The Advertiser* (Adelaide), 20 March 1919, 8, accessed 2 February 2017, http://nla.gov.au/nla.news-article5638611.

[172] 'Port Pirie Epidemic', *The Advertiser* (Adelaide), 27 March 1919, accessed 5 February 2017, http://nla.gov.au/nla.news-article5640088.

[173] Harland, diary entry, 20 March 1919, Harland Collection.

[174] Harland, diary entry, 31 March 1919, Harland Collection.

[175] Harland, diary entries, 3–10 April 1919.

medical and other supplies and/or to access medical care in hospitals in the south. The nature of the country, as it shifted from arable land to desert, is revealed, providing insights into the harsh climate, living conditions and isolation endured by those who lived along the track. These factors affected the management, care and response to serious illness at Oodnadatta—including pneumonia influenza, part of the worldwide influenza pandemic, which arrived at the remote township a month after Harland, having also arrived there by the rail.[176]

On 10 April, Harland boarded the train for Oodnadatta, a journey of some 1107 kilometres (688 miles) from Adelaide, which normally took three days.[177] At Port Augusta, his first stop, Harland found Reverend George Anderson suffering from influenza and so stayed to offer what help he could, resuming his journey five days later.[178] At stations along the way the train delivered mail and cargo and dropped off or picked up passengers.[179] Harland's train journey was also broken by stops for the steam train to refuel and to take on water. The train only travelled during the day. This meant that Harland, like all other passengers, was required to disembark and to book into overnight accommodation at Quorn and Maree, allowing interaction between the train passengers and the people of each stop.[180] Because of the difficult desert terrain, limited water, climate, distance and an underdeveloped road transport network, rail was the main mode of transport to Oodnadatta in 1919.[181] The alternatives were foot traffic, donkey cart or camel trains. There were very few cars in central Australia at the time, and these were normally transported via rail to Oodnadatta.[182]

After a comfortable night in the hotel at Quorn and breakfast at the railway refreshment rooms, Harland again boarded the Oodnadatta train, which now followed the Overland Telegraph

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[176] Harland, diary entries, 18 April, 31 May, 1 June 1919.

[177] Harland, diary entry, 10 April 1919; Williamson to Ian, c. 1950, Harland Collection; also see Jean Finlayson, *Life and Journeyings in Central Australia* (Melbourne: Arbuckle and Waddell, 1925), 11.

[178] Harland, diary entries, 10–15 April 1919.

[179] Harland, diary entries, April 1919; Williamson to Ian, c. 1950; also see Finlayson, *Life and Journeyings*, 21, 23.

[180] Harland, diary entries April 1919; Williamson to Ian, c. 1950.

[181] Harland and Williamson, numerous letters and diary entries, Harland Collection; also see Kramer, *Australian Caravan Mission*, 2; Lorraine Day, *Gidgee and Grit: A History of Loves Creek Station* (Blackwood S.A: Freestyle Publishers, 2012), 58–59.

[182] Numerous entries from both Harland and Williamson, Harland Collection; supported by Day, *Gidgee and Grit*, 58–59; Finlayson, *Life and Journeyings*, 14; Bruce Shaw, *Our Heart is the Land: Aboriginal Reminiscences from the Western Lake Eyre Basin* (Canberra: Aboriginal Studies Press, 1995); Bruce Shaw, and Jenn Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region, vol. 1,* (Adelaide: Barr Library. University of Adelaide, 1987.); M. J. Tyler, C. R. Twidale, M. Davies and C. B. Wells, eds, *Natural History of the North East Desert* (Adelaide: Royal Society of South Australia, 1990) 62, 71.

Line.[183] Small communities had developed near the telegraph stations. The next stop was Beltana in the Flinders Ranges where Reverend Robert Mitchell had sequestered money in 1891 from the Smith of Dunesk Bequest to set up a roving mission to support non-Aboriginal people in remote areas.[184] It was from this beginning that, in 1912, Reverend John Flynn created the AIM.[185] Harland disembarked to visit the local padre, Reverend Amour, and staff of the new AIM hostel, Sisters Minnie Kinnear and Jean McLeod. The nursing facility had opened in January that year.[186] When patients were sent from Oodnadatta, Sister Kinnear would attend them and redress wounds on the second day of the three-day journey to Port Augusta hospital.[187]

Maree marked the halfway point in Harland's journey to Oodnadatta. Situated in the Kati Thanda (Lake Eyre) basin, 697 kilometres (433 miles) from Adelaide, it was where the tracks to Birdsville and Oodnadatta commenced, following traditional Aboriginal trade routes that people had trodden for thousands of years. The main central north-south pathway (see Figures 3.3 and 3.4) was utilized for both the telegraph and railway line.

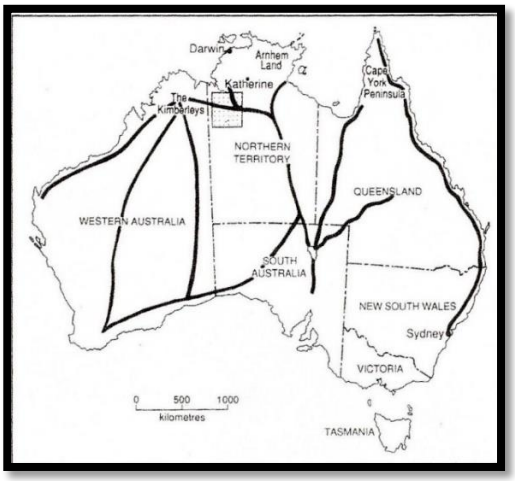

Figure 3.3: Major Aboriginal Trade Routes

Source: Bruce Shaw, *Our Heart is the Land: Aboriginal Reminiscences from the Western Lake Eyre Basin* (Canberra: Aboriginal Studies Press, 1995), 9.

[183] Finlayson, *Life and Journeyings*, 14–15.

[184] Mrs Henrietta Smith 'purchased land orders' for the Smith of Dunesk Bequest, which was originally set up in 1851 'for the education and evangelism of the Aborigines of South Australia'. However, the returns from the bequest were sequestered to set up the Smith of Dunesk Mission in 1892 and, in 1912, to establish the Australian Inland Mission. Ward, *The Smith of Dunesk Mission*, 8, 19, 23–26

[185] For the principles of the Australian Inland Mission see Flynn, *Northern Territory and Central Australia*, 24–47; for functions, methods of work see, Rev. John Flynn, *The Inlander* 1, no. 1, 1913, inside front cover; also see Harland AIM notes, Harland Collection.

[186] Flynn, 'AIM Hostel at Beltana, Mitchell House', *The Inlander* 5, no. 2 (1918–1919): 97.

[187] Williamson to Harland, 25 September 1919, Harland Collection.

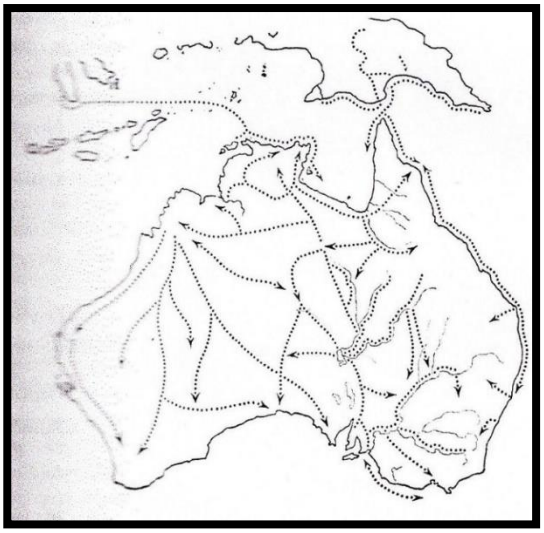

Figure 3.4: Aboriginal Trade Routes within and beyond Australia

Source: R. Berndt and C. Berndt, *The World of the First Australians: Aboriginal Traditional Life Past and Present* 5th ed. (Canberra: Aboriginal Studies Press 1999), 17.
Note: the two maps illustrate the general direction of the main central north-south path which linked mound springs and other water sources with were vital for survival in the desert.

The rail line at Maree divided the European community to the west from the Afghan community to the east while Aboriginal people lived mainly in camps beyond the nominal town boundary.[188] Maree was where many Afghan cameleers set up home. They assisted on expeditions, carted materials for the construction of the Overland Telegraph Line and rail line, and continued to transport materials and cargo out to distant places beyond the rail line along the Birdsville or other tracks.[189] CBH records indicate that influenza infected a large portion of the population of Maree a month after Harland's journey.[190]

Harland's rail journey continued as the northern train followed the ancient trade routes of Aboriginal people past mound springs on the western edge of the Great Artesian Basin that, as social historian Ingereth Macfarlane and others have stated, were vital for survival in the desert.[191] Following the entry of non-Aboriginal people to northern South Australia, these had

[188] Lois Litchfield, *Maree and the Tracks Beyond in Black and White* (Adelaide: The Author, 1983), 45. Bullen Field Notes, 2010.

[189] Richard Kimber, *Man from Arltunga: Walter Smith Australian Bushman* (Carlisle WA: Arltunga Hotel and Hesperian Press, 1996), 37; also see Philip Jones and Anna Kenny, *Australia's Muslim Cameleers: Pioneers of the Inland, 1860s–1930s* (Kent Town, South Australia: Wakefield Press, 2010).

[190] 'The Influenza: Disease Among Blacks', *Daily Herald* (Adelaide), 17 July 1919, 3, accessed 2 February 2017, http:/nla.gov.au/nla.news-article106470083; also see SRSA GRG 23/1/337/330/1922.

[191] Ingereth Macfarlane, 'A Water History of the Western Simpson Desert Australia', In *23°S Archaeology and Environmental History of the Southern Deserts*, eds Mike Smith and Paul Hesse, (Canberra: National Museum Australia Press, 2005), 308–323; W. E. Boyd, 'Mound Springs', in *Natural History of the North East Deserts*, eds M. J. Tyler, C. R. Twidale, M. Davies and C. B. Wells (Adelaide: Royal Society of South Australia, 1990), 107; also see Harland, diary entries, 18 April, 31 May, 1 June 1919.

become watering points for European explorers, Overland Telegraph Line stations, pastoralists and steam trains.[192] With the coming of rail transport, fettler's cottages and railway stations adorned the line at 16.1 kilometre (10 mile) intervals.[193] Shaw and others subscribe to the theory that the laying of the telegraph and rail line 'encouraged more permanent living of Aboriginal groups close to white settlements and so facilitated the spread of disease'.[194] Evidence shows that, in 1919, Aboriginal people still lived close to the rail line near the waterholes and mound springs, and that some were employed by the communities and the railway.[195]

Fine sand, stirred up by the train and wind, seeped into the carriages, coating all surfaces and leaving passengers parched. Harland and other passengers drank tea to quench their insatiable thirst made from hot water from the engine.[196] The steam train rolled on towards Oodnadatta, through the desert beside Kati Thanda (Lake Eyre), where the rails were laid on timber sleepers on raised embankments. Harland and others described delays caused by sand drifting over rails or occasional deluges washing out the tracks and bridges.[197]

William Creek was the next stop, halfway between Maree and Oodnadatta. It was in flat country cut by occasional long sand dunes.[198] The tiny community consisted of a railway station, station master's dwelling and post office, wine shanty, fettler's cottages and Aboriginal camps.[199] It was surrounded by Anna Creek pastoral station, which was the centre of the Arabana Aboriginal

[192] Bruce Shaw and Jenn Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region, vol. 1*, 40; also see Macfarlane, 'A Water History'; Boyd, 'Mound Springs', 107.

[193] Bullen Field Notes, 2010; also see GRG 8/03/02/1 Public Works Department (including Railways), Schedule of Railways, in Chief Engineers Annual Report, year ending 30 June 1919; Basil Fuller, *The Ghan: The Story of Alice Springs Railway* (Adelaide: Rigby, 1975).

[194] Shaw, *Our Heart is the Land*, 1; also see SRSA GRG 23/1/337/330/1922; SRSA GRG 23/1/323/813/1919 Aboriginal Department, Dr Herbert Basedow, report to Chief Protector of Aborigines, First Medical Report on Aborigines of the Far North. 18

[195] There are numerous references in Harland's diaries, letters and photographs, Harland Collection; also see SRSA GRG 23/1/337/330/1922; Shaw, *Our Heart is the Land*, 15; SRSA GRG 23/1/323/813/1919, 25, 26; The Far North and Beyond', *Quorn Mercury*, 19 December 1919.

[196] Williamson to Ian, c 1950, Harland Collection; also see Finlayson, *Life and Journeyings*, 18.

[197] Harland Collection; also see Finlayson, *Life and Journeyings*, 22; Horace Simpson, *Horrie Simpson's Oodnadatta* (Oodnadatta: Oodnadatta Progress Society, 1990), 78, 107, 123.

[198] Tyler et al., *Natural History of the North East Deserts*, 7, 57, 61–72.

[199] Harland, diary entries March, April 1920, Harland to Williamson 9 April 1920, Harland Collection; 'The Influenza: Disease Among Blacks', *Daily Herald* (Adelaide), 17 July 1919, 3.

community.[200] This was the southern end of Harland's parish and, on his first visit, he noted that, because of the drought, 'there was no meat [and] the goats had gone bush' in search of food.[201]

Harland folded his long thin frame onto the hard wooden seat as the train pulled out of William Creek. The country began to change further as the train crossed long bridges in undulating country where the land was littered with roughly broken pieces of silcrete that had been worn by the wind and sand,[202] and where the trees stuck close to the valleys, dry desert creeks and rivers. Eventually, the country opened into the wide gibber plains as the train reached the end of its journey at Oodnadatta (Utnadata).[203] The arrival of the fortnightly train was an important event. AIM Sister Jean Finlayson, who was working at Oodnadatta in 1915, stated that sometimes the whole community came out to meet the train, greeting passengers and collecting mail and supplies.[204] The special correspondent from the *Quorn Mercury* noted that any extra trains, such as 'stock specials', 'were seen as manna from heaven', because they delivered extra mail and 'newssheets'.[205] In 1919, there were no telephones at Oodnadatta and connection to the outside world was through the telegraph line or letters brought by the train.[206]

Connected in Their Work

The Williamson sisters were at the station to meet Harland, the new padre, when he arrived on 18 April 1919 (see Figure 3.5).[207] Harland initially took guidance from Sister Williamson as to the spiritual and other requirements of the people of Oodnadatta.[208] Their employer, the AIM, was, as mentioned, a roving mission that aimed 'to bring friendship, spiritual and medical care',

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[200] SRSA GRG 23/1/337/330/1922.

[201] Harland, diary entries, 9 April 1920, Harland Collection.

[202] A hard silcrete layer formed from debris that settled on the floor of an ancient sea that covered the land 65 million years ago. It formed a duracrust that, in time, eroded leaving only flat topped mesas with red soils plains below that were covered with wind worn pieces silcrete. Tyler et al., *Natural History of the North East Deserts*, 7, 61–72; also see H. H. Gallagher and J. A. Peterson, *Landforms: An Introduction to Australian Geomorphy* (Melbourne: Oxford University Press, 1982) 7, 61–72.

[203] Tyler et al., *Natural History of the North East Deserts*, 61–71; Gallagher and Peterson, *Landforms*, 90. Utnadata, Arabana name for Oodnadatta– meaning flower of the mulga.

[204] Finlayson, *Life and Journeyings*, 25–26, 65; Harland and Williamson's letters refer to this, Harland Collection; Jason Gibson, ed., 'Walter Baldwin Spencer's Diary from the Spencer and Gillen Expedition 1901–1902', 4, accessed 5 June 2018, http://spencerandgillen.net/files/Spencers%20Expedition%20Diary.pdf.

[205] 'The Far North and Beyond', *Quorn Mercury*, 19 December 1919, 4, accessed 9 October 2016, http://nla.gov.au/nla.news-article212991695.

[206] Harland to Williamson, 19 August 1919, Williamson to Harland,15 September 1919 and numerous other references in Harland Collection.

[207] Harland, diary entry, 18 April 1919.

[208] Discussion with Rev. Robert Mitchell, State Secretary for the AIM, in Harland, diary entry, 4 April 1919, Harland collection.

as well as fellowship and educational support, to the isolated people of the inland 'no matter their creed or religion'.[209] However, the AIM's primary focus was non-Aboriginal people..

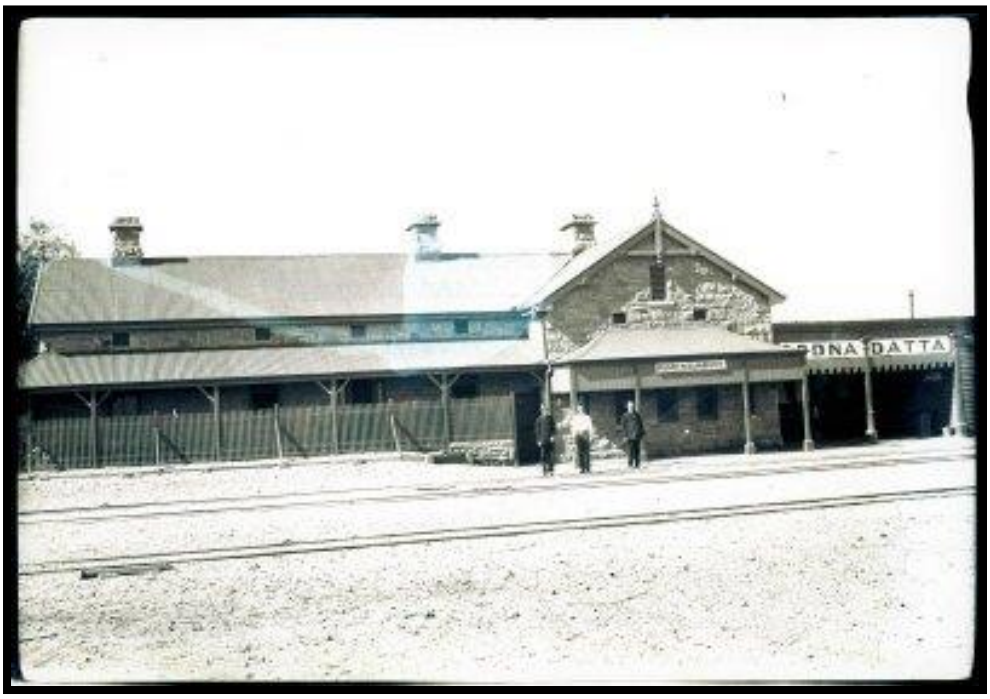

Figure 3.5: Oodnadatta Railway Station, 1919

Photographer: Harland, c. 1919, Harland Collection.
Note: The rail line was the connection to the outside world for the people of Oodnadatta in that it was the means by which mail and supplies were sent and delivered.

Yet, Sister Williamson wanted 'to be useful' and wrote of how she 'always longed to work among the natives'.[210] Harland spoke of the importance of '*doing* service rather than *giving* [i.e., delivering] a service'.[211] In a set of notes he used for his AIM talk, prepared before he left for Oodnadatta, Harland wrote: 'we have a special responsibility to the Aboriginal people'.[212] He interpreted his role as including the original inhabitants, as did other AIM nurses and padres.[213] Harland had sourced information on working with Aboriginal people before he began his journey to Oodnadatta. This included a lecture by Reverend Watson, publications by Baldwin Spencer,

[209] Flynn, *Northern Territory and Central Australia*, 37–47; also see Harland, AIM talk; Flynn, *The Inlander*, 5, no. 2, 1918–1919, inside front cover.

[210] Williamson to Harland, 26 September 1919, Harland Collection.

[211] Harland to Williamson, April 1920, Harland Collection (emphasis added).

[212] Harland, AIM talk, Harland Collection

[213] Max Griffiths, *Straight from the Heart*: *Tales of Tragedy and Triumph from the Nurses of Australia* (East Roseville. NSW: Kangaroo Simon and Schuster, 2000), several entries; also see Sue Forsyth, 'Telling stories: Nurses, Politics', *Contemporary Nurse* 24, no. 1 (2007): 33–44; Lyn A. Riddett, 'Guarding Civilization's Rim: The Australian Inland Mission Sisters in the Victoria River District 1922-1939', *Journal of Australian Studies* 15, no. 30, accessed 9 August 2016, doi 10.1080/14443059109387063.

Francis Gillen and others, and he spoke with missionaries from Aboriginal missions.[214] Harland's actions and writings before his arrival at Oodnadatta reveal his respect for cultures other than his own and his care and concern for Aboriginal people.[215] This only increased after his arrival.

Both Harland and Williamson were unassuming; they did not call attention to themselves. They were also strong, resilient, determined and, importantly, they became one another's support during their time in the desert, strengthening each other in their beliefs and understandings. This was very important because their roles involved making decisions in difficult situations, knowing in some cases that they could not alter the outcome.[216] The first such situation occurred a week after Harland arrived. On 25 April, Harland noted in his diary that 'in the evening old man Stokes died and I had to make arrangements for his funeral. Then the sister's Williamson and self, had a time of prayer together'. Here, Harland was referring to Jean and Margaret Williamson.[217]

Harland and Williamson's Aims and Motivations

By analysing the guiding principles and values of the main participants we are able to gain insight into what motivated them to select their career paths and to effectively and compassionately perform their roles at Oodnadatta during the pandemic. Principles, aims and motivations are abstract concepts that cannot be easily ascertained through the interpretation of photographs and documents alone. A clearer picture emerges when we examine the family life and the career choices of both Harland and Williamson.

Harland and Williamson met for the first time at Oodnadatta. Although they came from different states in Australia, there were important similarities in their family backgrounds, career paths, choice of assignments and the principles and mission that guided them. Williamson had an ancestral line of ministers stretching back at least four generations and the families of both Harland and Williamson were deeply religious, with several members of both families choosing missionary or secular careers.[218] In both cases, their upbringing and family life guided them towards their career paths. Both Harland and Williamson were actively involved with the Home

[214] Detailed in footnotes in Chapter 1.

[215] Harland camped with his Aboriginal guide rather than in homesteads if his guide was not offered accommodation and food. He worked with both non-Aboriginal and Aboriginal people as he travelled, visiting them at waterholes, on stations and at the 'Bungalow'. Numerous entries in Harland's diaries and letters attest to this, Harland Collection.

[216] For example influenza pandemic also Williamson to Harland, 26 August 1919, Williamson to Harland 15 September 1919, also numerous other references in Harland Collection.

[217] Harland, diary entry, 25 April 1919.

[218] Harland diary entries January to March 1919 and several references in Harland Collection.

and Foreign Mission of the Presbyterian Church and had trained as home missioners; Harland in Melbourne and Williamson in Sydney. Harland had also completed theological studies while Williamson had successfully completed general nursing and gained her obstetrics certificate.[219]

Harland and Williamson's training and education included ethical codes and principles that they were expected to achieve and adhere to. The guiding principles and ethics for ministers, missioners, deaconesses, nurses and other health related and emergency services were based on the beatitudes and virtues delivered during the 'Sermon on the Mount', outlined in Matthew 5: 3–10.[220] According to the Bible, these provide a way to achieve salvation; however, they are also principles for achieving respectful and peaceful relationships in the general and difficult situations of life.[221] They are the virtues of prudence, justice, temperance, fortitude, and the beatitudes of humility, sympathy, gentleness, truth, compassion, resourcefulness and perseverance.[222] The two nurses and a roving missionary who arrived during the second month of influenza were also guided in their work by these same ethical codes and principles.[223]

As Nancy Vyhmeister explained, the role of missioners and deaconesses was to provide holistic care and support of the spiritual as well and physical and emotional aspects of all those who were in need.[224] This included nursing, a role performed by missioners, deaconesses and nuns through

[219] Ibid.

[220] The virtues and beatitudes were the qualities blessed by Jesus in his Sermon on the Mount, Matthew 5:3–10, *New King James Bible* (Thomas Nelson, 1982), accessed 23 March 2018, http://www.biblepath.com/beatitudes.html. These virtues and beatitudes were attached to the four arms and eight points of the Cross of Amalfi and used as guiding principles for the Knights Hospitalier during the crusades, and taken on by medical and emergency services. See 'The Amalfi Cross—Symbol of St John', accessed 20 January 2018, https://www.stjohn.org.nz/About-St-John/History/The-Amalfi-Cross.

[221] *New King James Bible*.

[222] Vyhmeister, 'Ministry of the Deaconesses'; also see Home Mission, 'Home Missioner'.

[223] Kramer was respected in his contribution to the care of both Aboriginal and non-Aboriginal people as can be seen in 'The Influenza Pandemic', *The Advertiser,* 10 June 1919, 9; Kramer, *Australian Caravan Mission,* 5–6. 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3; Amanda Barry, 'German Missionaries in Australia: Kramer, Ernst Eugen (1889-1958)', Griffiths University, accessed 4 February 2017, http://missionaries.griffiths.edu.au/biography/kramer-ernst-egun-1889-1958 ; Harland wrote of Kramer: 'He and his wife had a very helpful influence on the people of the centre', in Harland, AIM talk; see also Andrew Markus, 'Kramer, Ernest Eugene (1889–1958)', *Australian Dictionary of Biography*, accessed 6 June 2018, http://adb.anu.edu.au/biography/kramer-ernest-eugene-10763/text19083. Markus wrote: 'At a time of extreme racism Kramer spoke for the humanity of Aboriginal people'; Sister Kelly went on to assist other influenza patients in remote locations and wrote briefly about the experiences this can be viewed in 'Work among Natives', *News* (Adelaide), 10 December 1926, 13, http://nla.gov.au/newspaper/rendition.news- article129327073; 'Good Work of Nurses', *News* (Adelaide) 12 January 1931 http://nla.gov.au/nla.news- article128997142

[224] Vyhmeister, 'Ministry of the Deaconesses'; also see Home Mission, 'Home Missioner' for beatitudes and virtues of missioners and deaconesses.

history, as Megan Johnston noted.[225] Many hospitals through ancient history and up to modern times have been run by religious orders.[226] The same virtues and beatitudes as mentioned above also formed the code of etiquette and principles to be achieved by nurses in the first school for professional nurses designed by Florence Nightingale in the 1860s.[227] Nightingale's principles and ideology formed the basis of the nursing courses that Williamson undertook between 1912 and 1918 at benevolent hospitals in Sydney.[228]

Harland spoke of a desire to serve those who required extra support or had extra needs. He chose an 'out of the way place' for his first commission, Kergunyah in Northern Victoria.[229] Harland and Williamson worked within their values by selecting the appropriate employer and place of employment. Their actions and writings demonstrate that they were committed to their roles and to the guiding principles that accompanied them. This became particularly evident when the pandemic arrived at Oodnadatta and they organised and supervised the care and support of all the patients in the community, providing accommodation and care that took into account the cultural and religious preferences of the patients.[230]

The Australian Inland Mission Hostel

Harland's role was that of a travelling padre; however, when he was between visits, he assisted Williamson by performing maintenance tasks, assisting with patients and performing repairs around the hostel. He and the Williamson sisters shared the roles of taking services, providing support for community members, building community connections through organising and maintaining social activities, and fundraising for the hostel.[231]

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[225] Megan-Jane Johnstone, 'Key Milestones in the Operationalisation of Professional Nursing Ethics in Australia: A Brief Historical Overview', *Australian Journal of Advanced Nursing* 33, no. 4 (2015): 36, accessed 5 December 2017, http://www.ajan.com.au/Vol33/Issue4/4Johnstone.pdf.

[226] Johnstone, 'Key Milestones', 36.

[227] Johnstone, 'Key Milestones', 36; also see Florence Nightingale, *Notes on Nursing: What It Is and What It Is Not* (Philadelphia: J. B. Lippincott Company, 1992), 80–85; Barbara Montgomery Dossey and Lynn Keegan, *Holistic Nursing: A Handbook for Practice*, 6th ed. (Burlington MA: Jones Bartlett Learning, 2013), 10–13.

[228] Dossey and Keegan, *Holistic Nursing*, 9; Williamson's certificates, Harland Collection.

[229] Harland to Williamson 1920; Harland, diary entry, 1920, Harland Collection; Flynn to Harland, 29 August 1918; Presbyterian Church to Williamson, 1917, Harland Collection.

[230] These are outlined in the Prologue and Chapter 1. Harland Diary entries June July and several other items in the Harland Collection refer to choices and actions. See qualifications of Harland and Williamson, Harland Collection; also see Vyhmeister, 'Ministry of the Deaconesses Through History'; Home Mission, 'Home Missioner'; Johnstone, 'Key Milestones'.

[231] Harland diary entries and Harland and Williamson's photographs, and letters, Harland Collection.

The AIM hostel, named 'Rolland House' after Reverend Frank Rolland, was completed in 1911.[232] In 1907, Rolland introduced 'bush nursing to the roving Smith of Dunesk Mission'.[233] The first nurse, Sister Alice Main, 'conduct[ed] her clinics from her bedroom in the local boarding house' until 1909.[234] Designed by Reverend John Flynn, Rolland House was the first nursing hostel completed with funds from the local community and the Smith of Dunesk Bequest, and run with donations from the wider community supplemented by the AIM.[235] Sister Lotto Betts was appointed for the first year from December 1911with nurses generally serving a two-year term.[236] Sister Williamson took up the position of sister in charge on 24 January 1919[237] (see Figures 3.6 and 3.7).

The corrugated iron hostel had one ward (7.32 x 4.57 metres or 27 x 15 feet) that contained four beds and a cot.[238] It also housed a well-equipped operating room, dispensary, scullery, bathroom, cellar and a large lounge.[239] There was a bedroom for the nurse and her assistant and 3 metre (10 foot) wide verandas on all sides to accommodate extra patients (see Figures 3.8 and 3.9). It was situated at the northern end of the main track across the common from the railway buildings. The boarding house on its north side was where Sister Main had worked.[240] A small green lawn at the front of the hostel was carefully tended and frequently used; it contrasted with the red sand that surrounded the building in all directions across the flat gibber plains.[241]

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[232] Flynn, *Northern Territory and Central Australia*; also see Uniting Church of Australia, '75 Years of Medical Service by the Church at the Oodnadatta Hospital', 1986, Records of the Uniting Church in Australia Frontier Services, NLA, MS 5574, Box 504, Object-251893719.

[233] The Smith of Dunesk Mission is explained in Chapter 1.

[234] Uniting Church of Australia, '75 Years of Medical Service', 26; Sister Main, 'Report', *Outback Battler*, January 1912.

[235] Flynn, *Northern Territory and Central Australia*, 25; also see reports from Harry Gepp to J. Flynn, Records of the Uniting Church in Australia Frontier Services, NLA, MS 5574/102/3; Uniting Church of Australia, '75 Years of Medical Service'.

[236] Uniting Church of Australia, '75 Years of Medical Service'.

[237] Ibid.

[238] Finlayson, *Life and Journeyings*, 26; Sister Main, 'Report', *Outback Battler*.

[239] Sister Main, 'Report', *Outback Battler*.

[240] Ibid.

[241] Harland Collection; also see Bullen Field Notes.

Figure 3.6: AIM Hostel, 'Old Hospital' with Old Boarding House behind, 1919

Photographer: Unknown, c. 1919.
Note: The old boarding house was a low tin structure to the rear of the old hospital just visible on the far rear right of photograph. It was demolished later in 1919.

Figure 3.7: AIM Hostel and 'Old Hospital', 1919

Photographer: Harland, c. 1919.
Note: during the pandemic patients were cared for on the veranda of the hostel and in the old hospital..

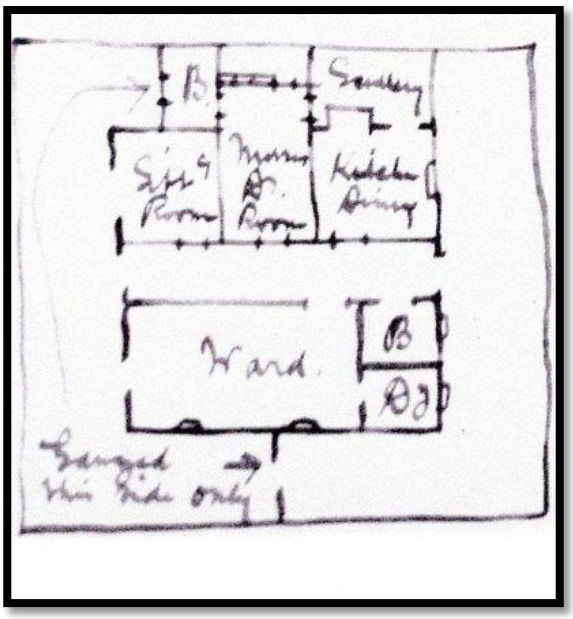

Figure 3.8: Harland's Rough Plan of the AIM Hostel, 1919

Source: NLA Frontier Services Records.

Note: The plan was drafted in order to illustrate the arrangement before alterations were made. The dispensary was situated in the middle section of the rear veranda (seen at the top of plan). The single ward is also labelled.

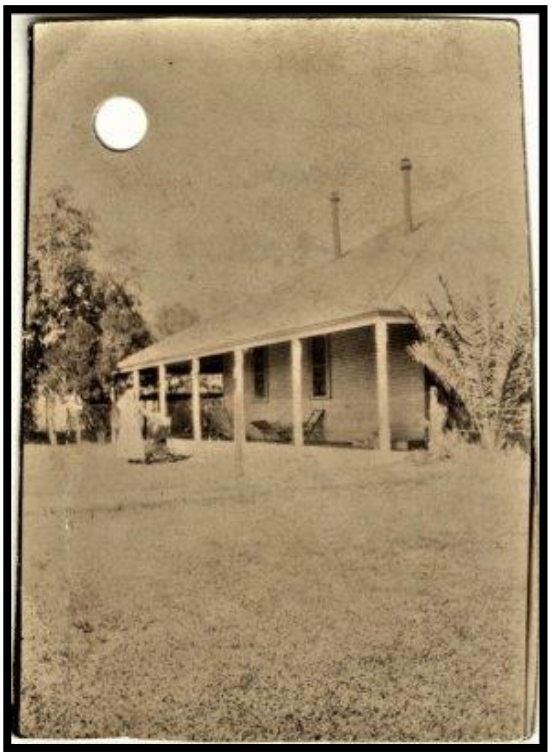

Figure 3.9: AIM Hostel's Ten Foot Wide Veranda and Carefully Tended Lawn

Photographer: Unknown, c. 1919, Harland Collection.
Note: The verandas and lawn were used for patients, gatherings, services and croquet

During the influenza pandemic, no influenza patients were cared for in the ward of the hostel because, under Section IV of the rules of the AIM hostel—'Admission and Removal of Patients'—rule six stipulated that:

> The Sister is not permitted to admit to the general wards patients suffering from infectious diseases … Management has deep sympathy, but does not have the power to provide that specialised care needed by them, with safeguards adequate to protect ordinary patients, who often must be highly susceptible to infection.[242]

The AIM hostel at Oodnadatta had only one ward; therefore, infectious cases were managed in private homes where possible as the CBH suggested.[243] Failing that, they were cared for on the hostel's veranda.[244] A section of the wide veranda also accommodated the hostel staff for much of the year.[245] Williamson and her assistant, her younger sister Margaret who was seven years her junior, were on call twenty-four hours a day, seven days a week with no-one to relieve them.[246]

Having spent five years working in busy Sydney hospitals, Williamson was well acquainted with a heavy work schedule and was used to working with experienced doctors. Before arriving at Oodnadatta, she may have looked forward to conferencing with the local railway doctor about patients; if so, she would have been sorely disappointed.[247]

The Railway Doctor

Arthur Lee Wilson Tackaberry was employed by the South Australian railways as a medical officer [248] to attend rail employees between Quorn and Oodnadatta.[249] He was the only medical officer between Quorn and the Port of Darwin, a distance of over 2,760 kilometres (1,715 miles).

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[242] John Flynn, 'Blank Draft Rules for AIM Homes', *The Inlander* 5, no. 2 (1918–19): 103–107.

[243] 'Central Board of Health Report', *The Advertiser* (Adelaide), 23 November 1918.

[244] Care was provided in private homes because there were limited isolation facilities. Flynn, 'Blank Draft Rules for AIM Homes'; Harland, diaries June and July 1919 and Williamson, letters, Harland Collection.

[245] Finlayson, *Life and Journeyings*, 26; Uniting Church of Australia, '75 Years of Medical Service'; Williamson's letters to Harland and Harland's diary entries, Harland Collection.

[246] Flynn to Williamson, 13 September 1919 (re AIM Nurses Guidelines).

[247] Williamson to Wallace, 30 June 1920; Williamson to Dr Champion de Crespigny, 29 October 1921, Harland Collection.

[248] SA Railway Document, Records of the Uniting Church in Australia Frontier Services, NLA, MS 5574, Box 167;

[249] Finlayson, *Life and Journeyings*;; also see Flynn, 'Blank Draft Rules for AIM Homes'; Railway Museum Oodnadatta–Bullen Field notes 2012; Flynn to Williamson 13 September 1919, Harland Collection.

A converted rail cottage served as accommodation and a consulting room during his stays at Oodnadatta (see Figure 3.10).

Figure 3.10: Converted Rail Cottage

Photographer: H. Bullen, 2013, Bullen Field Notes.
Note: This was or is similar to the one used by the railway medical officer for his consulting rooms.

Tackaberry seems to have developed an addiction to the drugs that were at his disposal. Harland and Williamson repeatedly tried to assist him—to help him to rid himself of his habit; however, his dependency continued, affecting his ability to practice medicine effectively.[250] Within weeks of Williamson's arrival in the township, she noticed inconsistencies in Tackaberry's practice.[251]

On 2 February 1919, Williamson wrote to the CBH in Adelaide requesting clarification of her position:

> It is commonly reported that Dr Tackaberry of Oodnadatta is not a recognised medical practitioner, so I would like to know my position as an AIM nurse in charge of the above [Oodnadatta] hostel, and whether I am obliged to seek his advice.[252]

A devoted nurse, Williamson sought to ensure her patients received the best medical care possible. Her efforts were thwarted by Tackaberry who either refused to attend to them or

[250] Issues with Tackaberry's work were mentioned in Harland, diary entries, 1919, Harland Collection; Williamson to Harland, 26 August 1919 and 15 September 1919, Harland Collection; Williamson, to Rev. J. Flynn August 1919; Flynn to Williamson, 13 September 1919; H. Gepp to J. Flynn, 13 November 1920, Records of the Uniting Church in Australia Frontier Services, NLA, MS5574, Box 102, File 3; also see Griffiths, *Straight from the Heart*, 23-24. Griffiths used AIM documents as his source materials and spoke of Tackaberry as an imposter.

[251] Williamson to Flynn, February 1919, Harland Collection.

[252] Williamson to Central Board of Health, 1 February 1919, Harland Collection. In Williamson to Wallace, 30 June 1920, Williamson wrote: 'He [Tackaberry] was not recognised in his profession and could not sign death certificates, nor would hospitals or doctors recognise letters he sent with patients for treatment not even the railway men as patients for whom he was engaged as a doctor'.

provided unsatisfactory treatment.[253] Clearly frustrated, Williamson recorded numerous instances of Tackaberry's incompetence. In an extract from her monthly report to John Flynn, just after the influenza epidemic began, Williamson laid bare her concern:[254]

> What a lot of havoc these men [railway doctors] can cause. Tales are told about them which prove them frauds but they are still let to go on. A man like that is more harmful in a district than no doctor, for their so called treatment is often harmful and can prevent patients from seeking help early enough.[255]

Tackaberry referred to himself as a doctor of medicine and requested rights as such but Dr Reece Jennings explained in his history of the medical profession in South Australia, that Tackaberry's American Medical papers were not recognized and the South Australian Medical Board refused him registration. He was appointed as a medical officer for the South Australian Railways remote northern rail line.[256] Tackaberry reported himself ill with influenza when pneumonic influenza first arrived at Oodnadatta in late May and he was not available throughout the first month, leaving Williamson to manage the pandemic without medical support.[257]

Oodnadatta

In 1919, the remote rail head outpost of Oodnadatta, as seen in Figures 3.11–3.14, was a transport hub that formed as the rail terminus in 1891.[258]

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[253] Williamson to Flynn, August 1919, Williamson to Harland, 26 August 1919, 7 September 1919, 15 September 1919, Flynn to Williamson 13 September 1919, Williamson to Wallace 26 October 1920, Harland Collection.

[254] Williamson Report to Rev. J. Flynn, 1919, in Griffiths, *Straight from the Heart,* 23.

[255] Reece Jennings, 'The Medical Profession and the State in South Australia', PhD, Department of Public Health, University of Adelaide, 1998, accessed 22 August 2018 https://digital .library.adelaide.edu.au/dspace/bitstream/2440/38334/2/02whole_V1.pdf ; Williamson Report to Rev. J. Flynn, 1919, in Griffiths, *Straight from the Heart,* 23.

[256] Tackaberry was practicing as and referring to himself as doctor although refused registration in South Australia: This was demonstrated in the *West Coast Sentinel* (Streaky Bay, South Australia) 5 September 1913 http://nala.gov.au/nla.news-article167817921; *Kangaroo Island Courier* (Kingscote South Australia), 4, 1916, http://nala.gov.au/nla.news-article189512807 ;Williamson to CBH, 1 February 1919, Harland Collection; Flynn to Williamson, 13 September 1919 Harland Collection; Williamson to Harland, 25 September 1919, Harland Collection; Dr A.L.W. Tackaberry to Mr Flynn, 6 October 1919 NLA, Frontier Services Records MS 5574/AIM/167; Reverend J Flynn to Dr A.L. Wilson Tackaberry, 13 October 1919 NLA, Frontier Services Records MS5574/AIM/167; A.L.W. Tackaberry MD to Chief Protector, 23 June, 24 June, 2 July, 14 July, 5 August 1919, GRG 52/1/0/23/50-1919

[257] Jennings, 'The Medical Profession and the State in South Australia'; Harland, diary entries, May–July, Williamson to Harland 25 September 1919, Harland Collection.

[258] Town Plan, Oodnadatta, Records of the Uniting Church in Australia Frontier Services, NLA, MS 5574/102/1.

Figure 3.11: View from Station Looking towards Hotel and General Store

Photographer: Harland, c. 1920, Harland Collection.
Note: Across the common from the station on the main track is the Transcontinental hotel on the left and the general store on the right of shot.

Figure 3.12: View from the North towards Station and School

Photographer: Harland, c. 1920, Harland Collection.
Note: On the left stands the station and goods shed while the school building occupies the central section centre.

Figure 3.13: View from North-West towards Station, Hotel and School

Photographer: Harland, c. 1920, Harland Collection.
Note: This is a view from the Afghan town toward the township. The station stands behind buildings on the left

Figure 3.14: View from the AIM Hostel across the Common towards the Station

Photographer: Harland, c. 1919, Harland Collection.
Note: A long camel train is being loaded on the common in front of the railway station leaving the area unsuitable for the tent hospital.

It had been a busy corridor prior to the entry of non-Aboriginal people (as previously seen in Figures 3.3 and 3.4). According to anthropologists Ronald and Catherine Berndt, an ancient trade route passed through the area and Oodnadatta was close to an intersection of routes that Aboriginal people had trodden for thousands of years making it a significant area for a number of Aboriginal clans.[259]

Summer temperatures at Oodnadatta regularly reached highs of 40 °C (110 °F) and, in the winter, the temperatures could drop to as low as –8 °C (–17.6 °F).[260] The winter wind blowing across the wide, flat gibber plains added a chill factor.[261] It rarely rained, however, when storms came, there were flash floods and rivers could overtop their banks and spread out across Kati Thanda basin soaking everything in its path.[262] There had been a 'big dry' for some years around Oodnadatta before influenza hit.[263] *The Riverina Grazier* reported on 25 April 1919 that 'practically no rain has fallen for two years'.[264] There was very little vegetation and any

[259] R. Berndt and C. Berndt, *The World of the First Australians: Aboriginal Traditional Life Past and Present* 5th ed. (Canberra: Aboriginal Studies Press 1999), 17; also see Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 40.

[260] Tyler et al., *Natural History of the North East Deserts*, 81–84.

[261] Gibber plains are an Australian land form. Tyler et al., *Natural History of the North East Deserts*, 62. Gibber is an Aboriginal word for stones. Edward E. Morris, *Dictionary of Austral English*, (Sydney: Sydney University Press, 1972), 160.

[262] Simpson, *Horrie Simpson's Oodnadatta,* 107, 119, 121, 123; Tyler et al., *Natural History of the North East Deserts*; also see Harland Collection.

[263] Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region*, 92–94; also see Tyler et al., *Natural History of the North East Deserts*, 81–84; Griffiths, *Straight from the Heart*, 21.

[264] 'Doings in Different Districts', *The Riverina Grazier* (Hay, NSW), 25 April 1919, 4. http://nla.gov.au/nla.news-article141023556; Griffiths, *Straight From the Heart*, 21; 'Australia's Variable Rainfall', Queensland Government, Natural Resources. www.LongPaddock.qld.gov.au.

accessible feed had been devoured by grazing herd animals, leaving the area bare.[265] Williamson wrote that incoming stock for rail transport had to stage 8.4 kilometres (5 miles) out because there was no feed available.[266] This affected the availability of fresh meat, crops and bush food.[267] It also affected health and the response to, and recovery from, disease, as Williamson explained in a letter to (Dr) Colonel Constantine Trent Champion de Crespigny (lecturer in Patholoogy Adelaide University Medical School) a couple of years after the influenza outbreak.[268]

Although very small, Oodnadatta was the only commercial centre in the far north of South Australia. Supplies were delivered to Oodnadatta via the rail line or camel train.[269] The food supply was very limited. There were no refrigerators so foods were kept cool in a Coolgardie safe.[270] Non-perishable food was ordered from Adelaide once or twice a year.[271] Foods such as flour, rice, sugar, jam, tea, tinned bully beef and salted beef were the staple products, being supplemented with goat meat and milk, fresh vegetables when available and fresh fish if fishing attempts were successful. Foods were salted, pickled or preserved to extend the usable life.[272]

A Multiracial Community at a Remote Railway Outpost

The central hub of Oodnadatta (see Figures 3.15 and 3.16) was inhabited mainly by Europeans. The transitory population worked for the railway, telegraph, post office, hotel, in stores or in

[265] Peter Latz, 'Bush Fires and Bush Tucker: Aborigines and Planting Central Australia' (Master's thesis, University of New England, Armidale, 1982), quoted in Deborah Bird Rose, *Nourishing Terrains: Australian Aboriginal Views of Landscape and Wilderness* (Canberra: Australian Heritage Commission, 1996), 80; also see photographs, diaries and letters of 1919 to 1920, Harland Collection.

[266] Harland and Williamson photographs, diaries and letters 1919 to 1920, Harland Collection.

[267] Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains*, 66; also see Kimber, *Man from Arltunga*, 47–48; Photographs, diaries and letters 1919-1920, Harland Collection.

[268] Williamson to de Crespigny, 29 October 1921; de Crespigny, Australian Dictionary of Biography, accessed 21 August 2018, http://adb.anu.edu.au/biography/de-crespigny-sir-constantine-trent-champion-5550 ; also see Pam Nathan and Leitchleitner Japanangka, *Health Business: A Community Report for the Central Aboriginal Congress and its People.* (Richmond: Heinemann Educational Australia, 1983); Kate Harriott, *Invalid and Convalescent Cookery: A Collection of Tried Recipes for the use of Australian Nurses* (Sydney, NSW: Bookstall Co., 1912); Shaw, *Our Heart is the Land*, 15.

[269] Harland Collection; also see Day, *Gidgee and Grit*, 121; Finlayson, *Life and Journeyings*.

[270] Griffith, *Straight from the Heart*, 23.

[271] Day, *Gidgee and Grit*, 120–121. This is often still the case today (Bullen Field Notes, 2012).

[272] Williamson to de Crespigny 1921, Harland Collection; also see SRSA GRG 23/1/337/330/1922.

service industries.[273] People from farming properties often had a 'town shack'—that is, a place to stay when in town or so the children could attend school.[274]

Figure 3.15: Oodnadatta Town Plan 1890 Overlayed over Google Map 2015

Source: Records of the Uniting Church in Australia Frontier Services, National Library Australia, MS5574/102/1.
Note: The plan is aligned with rail line of current google map. Allotments were allocated but not all were taken up.

[273] Harland Collection; Bullen Field Notes; also see Finlayson, *Life and Journeyings*, 11; Simpson, *Horrie Simpson's Oodnadatta*, several entries; John Dallwitz and Daniel Fazio, *White to Black: Oodnadatta School 1892–1992* (Oodnadatta: Aboriginal School, 1992), 1–5.

[274] Harland Collection; Bullen Field Notes 2012.

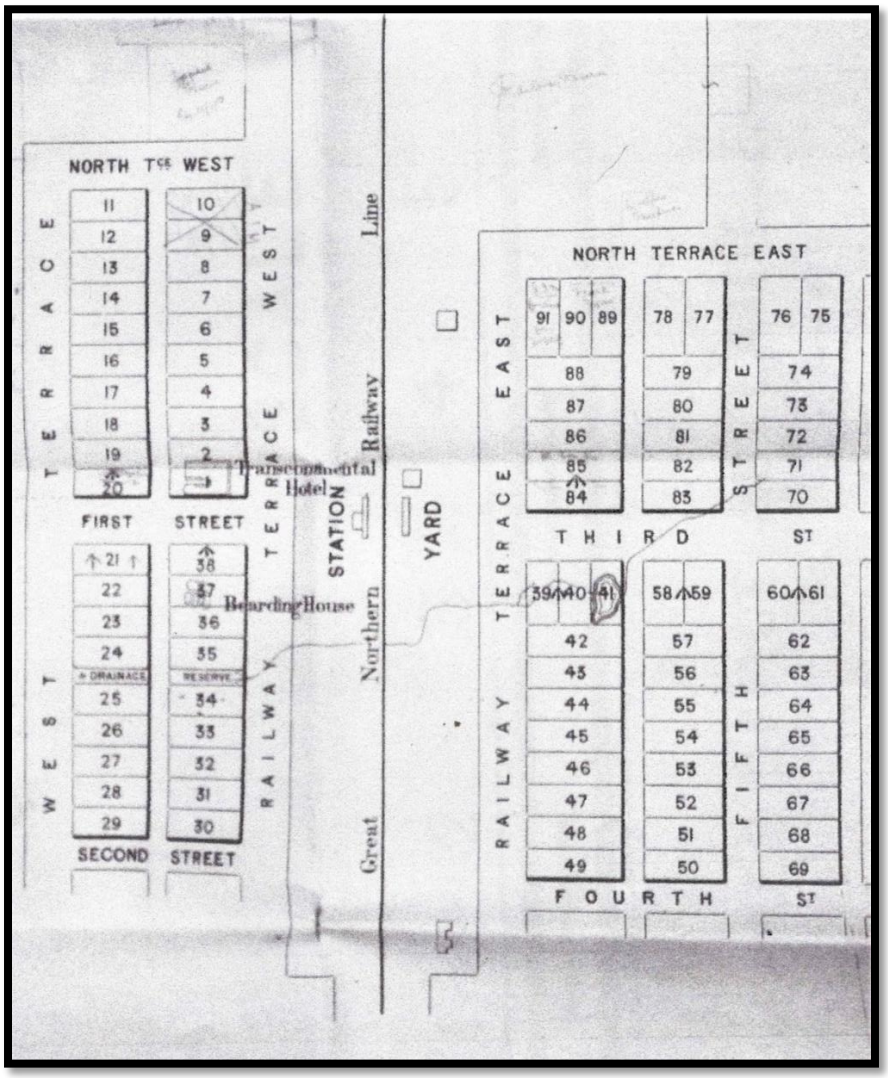

Figure 3.16: Oodnadatta Town Plan 1890

Source: Records of the Uniting Church in Australia Frontier Services, National Library Australia, MS5574/102/1.
Note: no, 9 was the AIM hostel and no. 10 was the old hospital.

Arranged neatly within a geometric pattern of streets were approximately thirty corrugated iron and wooden dwellings with tiny carefully tended lawns and trees, a stone post office, railway station, fettlers cottages, a police station, school, tennis courts, a hotel, a couple of boarding houses, two general stores, a butcher, a blacksmith shop and the AIM hostel.[1]

[1] Finlayson, *Life and Journeyings*, 11; also see photographs, Harland Collection.

Non-Aboriginal people began setting up homes in the far north of South Australian in the 1880s.[2] People from different parts of the world came to central Australia for a variety of reasons: to explore, to work on the Overland Telegraph Line or rail line or other forms of transport; to sink bores, extract minerals and run cattle; as trades people, storekeepers, teachers, nurses, police or as government officials.[3] In 1919, Oodnadatta's non-Aboriginal population was approximately 170. It is not known how many Aboriginal people lived there either permanently or semi-permanently, as precise figures for the Aboriginal population were not recorded.[4] There were four main ethnic groups that made up the community: European, Chinese, Afghan and Aboriginal.[5] The four groups generally lived separately except in the case of inter-cultural marriages or relationships.[6] As mentioned, Europeans tended to live in or near the centre of town, mainly around the railway station; half a mile to the north-west were the low tin structures of the Afghan settlement; the Chinese community and a market garden was located four miles to the south; while the Aboriginal camps were spread out across the wide gibber plains.[7]

These groups were differentiated by differences in custom, religion, government policy,[8] rules, entitlements and expectations. Group members were identifiable by differences in language, clothing, habits and rituals, religion, work ethic, choice of food and physical appearance. They were supportive of their own and, for the most part, interaction between

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[2] Richard Broome, *Aboriginal Australians: A History since 1788*, 4th ed. (Crows Nest NSW: Allen and Unwin, 2009), 108; also see Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 23–24, 89–99.

[3] Harland Collection; supported by Finlayson, *Life and Journeyings,*14; Kimber, *Man from Arltunga,* 32–39; Latz, 'Bush Fire and Bush Tucker', quoted in Rose, *Nourishing Terrains*, 77–80; Jones and Kenny, *Australia's Muslim Cameleers,* 69, 113; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 89–99.

[4] Gara, 'The Spanish Influenza Epidemic',16; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 157.

[5] Harland and Williamson, letters, photographs and documents, Harland Collection; supported by Finlayson *Life and Journeyings*; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region.*

[6] Finlayson, *Life and Journeyings*, 13; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, several entries; Jennifer Gibson, *Some Oodnadatta Genealogies*, (Adelaide: Department of Environment and Planning, 1988); Harland Collection; Bullen Field Notes. Jones and Kenny, *Australia's Muslim Cameleers*.

[7] Harland Collection; supported by Finlayson, *Life and Journeyings*, 14; Fred Ah Chee in Shaw, *Our Heart is the Land*, 55–59; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 40, 80–88; Simpson, *Horrie Simpson's Oodnadatta,* 23; Dallwitz and Fazio, *White to Black*, 1–5.

[8] See Henry Reynolds, *The Law of the Land* (Richmond, Victoria: Penguin Books, 1992), 32; *Commonwealth of Australia Constitution 1901*; *Immigration Restriction Act 1901*; *Aborigines Act 1911* (South Australia).

the groups was limited.[9] However, there were also many similarities among members of the groups, for those who ventured into central Australia tended to share certain qualities. For example, they tended be adventurous types: risk-takers. They also tended to be self-reliant and self-sufficient. The remoteness and isolation affected many aspects of life. When things broke or failed to work they had to be rebuilt or alternatives had to be created; nothing went to waste.[10] Every task in the sparsely populated, hot, dry climate could become a life-and-death challenge, and all actions required careful planning.[11] It was important to work with the weather and climate; labouring in the extreme hot and dry weather, in which evaporation far exceeded rainfall and could be life-threatening.[12] People who wanted to succeed in this harsh environment required persistence and resilience; they had to be adaptive, practical, resourceful and independent, and have mental and physical strength and endurance.[13] They had to be willing to assist others and to accept assistance.[14] These were the qualities that Aboriginal people had developed over more than sixty-thousand years.

Ingereth Macfarlane has written of 'entangled places' with 'multiple histories' where there are layers of history that intertwine.[15] This describes the structure of the Oodnadatta community and the area. Initially, the fragile land and water supported the country, the people and the creatures;[16] however, with changes to land use and increased numbers of people and numbers and types of animals, the land struggled to meet competing needs.

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[9] Harland Collection; supported by Finlayson, *Life and Journeyings,* 11–15; Jones and Kenny, *Australia's Muslim Cameleers*, 123; Dallwitz and Fazio, *White to Black*, 4–5; Keir Reeves and Benjamin Mountford, 'Sojourning and Settling: Locating Chinese Australian History', *Australian Historical Studies* 42 (2011): 112–116.

[10] Kurt Johannsen, *Son of the Red Centre* (Marleston SA: J. B. Books, 2001), numerous references; Plowman, *The Man from Oodnadatta*, numerous references.

[11] Les Hiddens, *Explore Wild Australia with the Bush Tucker man* (South Yarra, Vic: Explore Australia Books, 2003), 179–82; Bullen Field Notes; also see Harland Collection.

[12] On evaporation, see Tyler et al., *Natural History of the North East Desert*, 81.

[13] Russell Ward spoke of some of these character traits in in his book *The Australian Legend,* (Australia: OUP Australia and New Zealand, 1966), 1, 2, 173, 201. Fred Cahir, Dan Tout and Lucinda Horrocks, 'Reconsidering the Origins of the Australian Legend', *Agora* 53, no. 3 (November 2017): 1–3.

[14] Harland's documents and photographs demonstrate reciprocal arrangements with mustering and farming work and also show the assistance granted by the community of Oodnadatta during the influenza outbreak, Harland Collection; see also Ward, *The Australian Legend,* 1–2, 173.

[15] Ingereth MacFarlane, 'Entangled Places: Interactive Histories in the Western Simpson Desert Central Australia' (PhD thesis, Australian National University, 2010.) vii, 1, multiple references.

[16] Tyler et al., *Natural History of the North East Desert*, 72; also see Latz, 'Bush Fire and Bush Tucker', quoted in Rose, *Nourishing Terrains,* 77–80.

By 1919, the majority of people were experiencing harsh living conditions.[17] Aboriginal peoples' trade route became a rail terminus and junction for the distribution of supplies for non-Aboriginal people.[18] Drovers moved the cattle in, cameleers transported the building materials, and European, Aboriginal and other labourers assisted to build the Overland Telegraph Line, rail and associated buildings.[19] Life changed rapidly for the original inhabitants. Consistent evidence suggests that government Acts and Ordinances introduced to protect and segregate Aboriginal people because of violence and a declining population actually restricted their movements and reduced their ability to control their own lives.[20] The way of life of Aboriginal people prior to and after the arrival of non-Aboriginal people in South Australia is examined in Chapter 5. By 1919, the lives of the European, Chinese, Afghan and Aboriginal residents of Oodnadatta were entangled through the use of land, employment, trade, health, and relationships that bore offspring.[21]

Contextualising Statement

A large volume of historical and scientific data was collated about Aboriginal people during expeditions to central and northern Australia, but Oodnadatta was not the focus of that research. There is evidence pertaining to health, customs and lifestyle of the Aboriginal people who eventually travelled to Oodnadatta, but little on their life at Oodnadatta.[22] By synthesising the available evidence and drawing information from a

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[17] Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region*, 93. 'Australia's Variable Rainfall', Queensland Government, Department of Natural Resources, www.LongPaddock.qld.gov.au; Gennaro Vecchii, 'History of Meteorology in South Australia to 2001', Regional Office, Australian Government Bureau of Meteorology Report (private copy); This is mentioned several times in the Harland Collection.

[18] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 40.

[19] Jones and Kenny, *Australia's Muslim Cameleers*, 123; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 93–99.

[20] Christobel Mattingley and Ken Hampton, *Survival in Our Own Land: Aboriginal Experiences in Australia since 1836 Told by Nungas and Others* (SA: Australian Scholarly Press, 2008.), xi; The SA Acts were: *The Waste Lands Act 1842*; *Ordinance No. 12 1844*; *State Children Act 189*5; see also Peggy Brock, *Outback Ghettos: Aboriginal Institutionalisation and Survival* (United Kingdom: Cambridge University Press, 1993), 15–17.

[21] Kunoth, Chong, Ah Chee and Dadleh in Shaw, *Our Heart is the Land*, 16–17; also see Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 101.

[22] See, for example, Richard Helms, 'Anthropology of the Elder Exploring Expedition 1871–1872', *Transactions Royal Society South Australia* 16 (1896): 232–37; A. H. Chisolm, 'Helms, Richard (1842–1914)', *Australian Dictionary of Biography*, accessed 5 June 2018, http://adb.anu.edu.au/biography/helms-richard-3747/text5901; Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region*, 8; Norman Tindale's 'Aboriginal language groups map' in his *Aboriginal Tribes in Australia: Their Terrain, Environmental Controls, Limits and Proper Names* (Canberra: (ANU Press, 1974), 34; Norman B. Tindale, 'Distribution of Australian Aboriginal Tribes. A Field Survey', *Transactions Royal Society South Australia* 64, no. 1 (1940): 40–

large number of other sources, both historical and current, I have been able to build a picture of the people who inhabited Oodnadatta in 1919.

Aboriginal Camps

Out from the formed tracks and buildings of Oodnadatta, beyond the nominal boundary of the Oodnadatta township and fringing the settlement across the plains, near waterholes and soakages, were the traditional wurleys in which the Aboriginal people lived.[23] In 1919, many Aboriginal people still lived on country in the north of South Australia, often in semipermanent camps on pastoral stations, near Oodnadatta or close to the rail line.[24]

Special correspondent for the *Quorn Mercury*, missionary Ernst Kramer spoke in 1919 of 'Aboriginal wurlies scattered outside the town'; as he looked out over the sand plains from his wagon, he saw 'two fires burning in the open and around 50 to 60 figures were squatting around them'.[25] Dallwitz and Fazio noted in their history of Oodnadatta that 'there were a large number of Aboriginal camps near Oodnadatta' in 1919.[26] At night little fires sparkled at the many camps and the sound of conversations and dogs could be heard as they settled down for sleep.

Historian Tom Gara reported that four main language groups camped in and around Oodnadatta in 1919: Arabana, Antakarinja, Lower Southern Arrernte and Wankangurru people.[27] Aboriginal people also spoke of individual members of other clans who were

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231; A. P. Elkin 'Aboriginal Tribes of Australia Map', in his 'Social Organisation of South Australian Tribes', *Oceania* 5, no. 2 (1932) ,171–92, quoted in B. C. Cotton, ed., *Aboriginal Man in South and Central Australia* (Adelaide: Government Printer, 1966); J. B. Cleland, 'The Ecology of the Aboriginal in South and Central Australia', in Cotton, ed., *Aboriginal Man*, 111–58; A. W. Howitt, *Native Tribes of South East Australia* (London, 1904), 32; Spencer and Gillen, *Native Tribes of Central Australia*; A. W. Howitt, 'Dieri and Other Kindred Tribes of Central Australia', *Journal of Anthropology Institute London* 20 (1891): 30–41, quoted in R. Berndt and C. Berndt, *The World of the First Australians: Aboriginal Traditional Life Past and Present*, 5th ed. (Canberra: Aboriginal Studies Press, 1999); G. Taplin, *Folklore, Manners, Customs and Languages of the South Australian Aborigines* (Adelaide: 1879), quoted in Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region*, 20–21.

[23] Aboriginal peoples' memories in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 88; also see Finlayson, *Life and Journeyings*; 'The Far North and Beyond', *Quorn Mercury*, 19 December 1919, 4; Harland, letters, diary entries and photographs, Harland Collection.

[24] Harland Collection; Finlayson, *Life and Journeyings*, 13–14, 18; Kramer, *Australian Caravan Mission*, 4.

[25] 'The Far North and Beyond', *Quorn Mercury*, 19 December 1919.

[26] Dallwitz and Fazio, *White to Black*, 18.

[27] Gara, 'The Spanish Influenza Epidemic', 9–13; see also Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, multiple entries. Bruce Shaw and J. Gibson, *Wangkanyi*:

partners or wives of European, Afghan and Chinese men.[28] Before pastoralists moved onto the land, Aboriginal people had moved freely across their homelands with the seasons and availability of produce.[29] The area of Oodnadatta was Arabana country; however, when the rail line was being built between the late 1880s and 1991, Aboriginal people moved closer to the rail line and the new rail head township to obtain work and supplement their food supply while still living in traditional style accommodation [30] (see Figure 3.17). Anthropologist and geologist Dr Chewings stated in his 1926 report that they became important members of the workforce. He emphasised that Aboriginal people were 'successful stockmen and maids in the central Australian economy'.[31]

Williamson employed Aboriginal women as domestic assistants at the AIM hostel and Harland employed Dick Gillen, an Arrernte man, as his invaluable guide and camel man.

Figure 3.17: Aboriginal Wurleys Out from Oodnadatta

Photographer: Harland, c. 1920, Harland Collection.
Note: sod made from saltbush and local grasses was used as cladding for the wurleys

Aboriginal Recollections of Oodnadatta (Adelaide: Aboriginal Heritage Branch, Department of Environment and Planning, 1987), 1–10; Kimber, *Man from Arltunga*; L. Hercus, 'Aboriginal People', in *Natural History of the North East Deserts,* eds M. J. Tyler, C. R. Twidale, M. Davies and C. B. Wells (Adelaide: Royal Society of South Australia, 1990), 156–157; 'Aboriginal Australia Map', AIATSIS, www.aiatsis.gov.au.

[28] Tom Brady, Woodforde, Fred Ah Chee, Miriam Dadlah in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 102–03; Shaw, *Our Heart is the Land*, 59–61; Shaw and Gibson, *Wangkanyi*, 1–10; Dallwitz and Fazio, *White to Black.*

[29] Berndt and Berndt, *The World of the First Australians,* 16; Latz, 'Bush Fire and Bush Tucker', quoted in Rose, *Nourishing Terrains*.

[30] Hercus, 'Aboriginal People', 156.

[31] Charles Chewings, *Back in the Stone Age: The Native of Central Australia* (Sydney: Angus & Robertson, 1936), 9, 10.

Many of the trades and services were supported by an Aboriginal workforce in and around Oodnadatta in 1919.[32] According to historian Ann McGrath, 'white women relied heavily on Aboriginal women's skills' in and around homesteads.[33] Aboriginal women managed most of the domestic work around the home including cooking, cleaning, child care and also acted as midwives.[34] McGrath explained that 'Aboriginal people played a key role in the development of the cattle industry in central and northern Australia' and that they were sought after and highly valued workers.[35] She stressed that both men and women worked in every aspect of stock work.[36] According to Philip Clark, many non-Aboriginal people learned valuable survival skills—about nature, bush medicines and wild foods—from Aboriginal people; however, few acknowledged their sources.[37]

The influenza outbreak of 1919 affected this relationship dramatically. Bushman Michael O'Reilly, who spent forty years prospecting in inland Australia, reminisced about how, during and after the influenza pandemic, many Aboriginal people 'shifted back into the hills to exist on the small amount of native game procurable … and on no account would they go near a white man'. Consequently, the stations were shorthanded.[38] The valuable—though very poorly rewarded and little acknowledged—work provided by Aboriginal cattlemen and women, farm workers and domestic staff was severely reduced because of the devastating effect of the pandemic on Aboriginal people.[39]

Aboriginal people were employed by Afghan, Chinese and European people at Oodnadatta prior to the pandemic in 1919. Although they provided valuable service

[32] The Aboriginal members of the workforce are mentioned in several documents and appear in photographs in Harland Collection.

[33] Ann McGrath, 'The History of Pastoral Co-Existence', Canberra: ANU Research Publication, 1997, http://hdl.handle.net/1885/116220.

[34] Ibid., 10.

[35] Ibid.

[36] Ibid., 11–12; also see Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region,* 103–04.

[37] Philip Clarke, 'Aboriginal Healing Practices and Australian Bush Medicines', *Journal of the Anthropological Society of South Australia* 33 (2008): 3, 14.

[38] Michael O'Reilly, *Bowyangs and Boomerangs: Reminiscences of 40 Years Prospecting* (Carlisle WA: Hesperian Press, 1983), 101.

[39] Ibid.; also see Strehlow, *Songs of Central Australia*, quoted in Gara, 'The Spanish Influenza Epidemic', 10–12*;* SRSA GRG 23/1/337/330/1922.

during the daylight hours, clause 31 (1) of the South Australian *Aborigines Act 1911*[40] stated that they could not reside within the town boundaries; instead, they returned at night to their wurleys, which were located a mile or more from the nominal town boundary.[41] This is supported by Harland's photograph of Annie returning to camp (Figure 3.18).

Figure 3.18: 'Annie i Leaving for Camp'

Photographer: Harland, c. 1919, Harland Collection.
Note: Photograph taken in the backyard of the AIM hostel. Annie has loaded her bucket with supplies for her return to camp.

Afghan Town

Half a mile north-west of the central township was the Afghan town with its corrugated iron buildings, date palms, mosque, butcher's shop and a store where the aroma of spices prevailed[42] (see Figure 3.19). Local Chinese–Aboriginal man Fred Ah Chee remembered

[40] *Aborigines Act 1911* (South Australia).

[41] Finlayson, *Life and Journeyings*, 13–14; also see Harland Collection, several entries.

[42] Simpson, *Horrie Simpson's Oodnadatta*, 9.

'boxes of fresh dates',[43] flour, tea, brown sugar, treacle, ginger, currants and plugs of tobacco: 'Everything used to be open … and when you went in the smell was fantastic.'[44]

From the camel yards and enclosures, the clank of camel bells could be heard as they moved about. AIM Sister Jean Finlayson recalled that it was 'a busy centre for loading and unloading the camels'.[45] Historian Dick Kimber referred to them as proud people, independent traders who worked very hard. Their day was long. 'Afghan dawn' was much earlier than regular dawn; the cameleers had their long camel trains loaded and were ready to begin the day's journey as dawn broke.[46] They carted supplies for the stores at Oodnadatta and beyond on camel pads that lead out in all directions.[47]

Although referred to as Afghans, according to Philip Jones and Anna Kenny, there were actually four main groups of people who came under this category: Pashtun, Baluchi, Punjabi and Sundhi (i.e., people from Afghanistan, Pakistan and India).[48] There were tribal differences, but Jones, Kenny and others maintain that they mostly followed the Islamic religion.[49]

Figure 3.19: Oodnadatta Afghan Town

Photographer: Harland, c. 1920, Harland Collection.

Note: The Afghan town north-west of the main township had its own stores and each home had its own camel yard.

[43] Fred Ah Chee in Shaw, *Our Heart is the Land*, 55.

[44] Ibid.

[45] Finlayson, *Life and Journeyings*, 14.

[46] Afghan Dawn, see Kimber, *Man from Arltunga*, 34.

[47] Finlayson, *Life and Journeyings*, 14.

[48] Jones and Kenny, *Australia's Muslim Cameleers*, 44; also see Simpson, *Horrie Simpson's Oodnadatta*, 9.

[49] Jones and Kenny, *Australia's Muslim Cameleers*, 123.

Afghan cameleers were brought to Australia with their camels for exploratory expeditions from the 1840s. When Elders set up a transport business at Beltana in the late 1860s, further Afghan cameleers were brought in.[50] Jones, Kenny and others state that the cameleers rarely brought their wives or families to Australia, partly because of religious observances and also due to restrictions of their entry permits and government legislation, including the *Immigration Restriction Act 1901*.[51] Their religion allowed for more than one wife, and Jones, Kenny and others reported that, after arriving in outback Australia, they often chose Aboriginal women as their partners.[52]

According to Jones and Kenny, the cameleers often employed Aboriginal boys and men as assistants.[53] They had a long association with the Aboriginal community and learned a great deal about their customs, medicines, bush foods and crafts; they also included some indigenous foods in their diet.[54] Many of the cameleers and their camels came from desert areas, so perhaps adapted relatively easily to the climate and conditions in central Australia.[55]

Chinese Market Garden

Six kilometres (4 miles) south of Oodnadatta, at Hookey's waterhole, a Chinese market garden grew in the rich soils of the river flats[56] (see Figure 3.20). After travelling overland from the east, Edward Chong, Cherrie Ah Chee and Ah Chee's wife Minnie, a Diyari woman from the Diamantina area, had established a market garden at the waterhole with the aim of feeding the telegraph and rail workers. Later, they supplied the growing town. The area around Hookey's waterhole was also a traditional place of the Arabana people and their camps dotted the area.[57]

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[50] Ibid.

[51] Jones and Kenny, *Australia's Muslim Cameleers,* 21; also see David Hollinsworth, *Race and Racism in Australia* (South Melbourne Vic: Cengage Learning/Social Science Press, 2006), 93–94; Dallwitz and Fazio, *White to Black,* 4–5; Shaw, *Our Heart is the Land,* 3–4. *Immigration Restriction Act 1901*.

[52] Jones and Kenny, *Australia's Muslim Cameleers,* 21; also see Dallwitz and Fazio, *White to Black,* 4; Fred Ah Chee in Shaw, *Our Heart is the Land,* 55–59.

[53] Jones and Kenny, *Australia's Muslim Cameleers,* 28–29.

[54] 'The Far North and Beyond', *Quorn Mercury,* 19 December 1919.

[55] Jones and Kenny, *Australia's Muslim Cameleers,* 28–29.

[56] Photographs, Harland Collection; Bullen Field Notes.

[57] Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region,* 86.

After Ah Chee's death in 1912, Chong married Minnie, supporting her and her children. They continued to grow vegetables and employ Aboriginal, Irish, Chinese and other workers.[58] The families lived on the edge of the market garden, where a bark hut, a bag and brush dwelling, bough shelters and wurleys were erected under the trees near the edge of the waterhole, protecting them from the heat but also to guard their vegetables as seen in figure 3.20.[59] They transported fresh vegetables, fruit and bread to Oodnadatta and the surrounding areas in a horse-drawn cart.[60]

Figure 3.20: Edward Chong in his Market Garden at Hookey's Waterhole, Oodnadatta

Photographer: Unknown, c. 1911–1919, Harland Collection.

Note: Chinese, Aboriginal and Irish workers tended the market garden which supplied the area with vegetables, fruit and bakery products in good seasons. These were transported in Chong's horse and cart.

In his 1975 PhD thesis on 'Chinese Migration and Settlement in Australia', Cy Choi explained that Chinese miners and indentured workers who came to Australia from the mid-1800s came mainly from the Canton Delta in Kwangtung province. The southern-most province of China, it had been ravaged by the Taiping rebellion and natural disasters, while societal pressures such as high population, small land holdings and heavy taxes left

[58] Simpson, *Horrie Simpson's Oodnadatta,* 23; Bullen Field Notes 2012, 2013.

[59] Photographs and letters, Harland Collection.

[60] Simpson, *Horrie Simpson's Oodnadatta*, 23; special correspondent, *Quorn Mercury*, 5 December 1919; 'To Oodnadatta and beyond', *Observer* (Adelaide), 9 September 1905, 45, accessed 12 December 2016, http://nla.gov.au/nla.news-article162439205; also see photographs, Harland Collection.

people struggling to survive.[61] Shaw and Gibson explained that many Chinese people came to Australia as indentured workers, to seek gold, as merchants or skilled tradesman.[62] There is consistent evidence that shows that Chinese people faced prejudices with extra taxes and charges on arrival at seaports and that, on the goldfields, gold licences were more difficult to obtain.[63] They were the target of violent raids on a number of goldfields and this, along with falling gold yields, led some Chinese miners into other trades, including market gardening and herb production.[64] When new goldfields opened in the Northern Territory, some Chinese miners travelled overland from goldfields in the eastern states.[65] Keir Reeves and Benjamin Mountford found that some Chinese miners moved to Halls Creek in the Kimberley or Arltunga goldfields in Northern Territory in the 1880s.[66] The conditions of travel, terms of entry and importance of maintaining Chinese family linage led to very few females travelling to Australia with Chinese men.[67]

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The isolation and limited services and facilities available in the Oodnadatta area, as described in this chapter, allude to the distance and timeframe required for accessing support and provisions for influenza patients. Likewise, the layout and living arrangements in the multiracial community highlight the complexity Williamson faced in working with and moving between influenza patients during the pandemic. By examining the aims and motivations of the main characters, this chapter has laid a foundation for understanding Harland and Williamson's commitment to their assignment, and to the management and care of the large numbers of people from all sections of the Oodnadatta community who fell victim to pandemic influenza, which arrived at Oodnadatta in late May 1919.

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[61] C. Y. Choi, *Chinese Migration and Settlement in Australia* (Sydney: Sydney University Press, 1975), 3–9.

[62] Reeves and Mountford, 'Sojourning and Settling', 116; Choi, *Chinese Migration*, 24–27.

[63] Choi, *Chinese Migration*, 19–22; Kevin Rains, 'The Chinese Question'. *Queensland Historical Atlas*, accessed 12 December 2017, 1–2, http://www.qhatlas.com.au/content/chinese-question.

[64] Rains, 'The Chinese Question'; SBS, 'Fear of the Chinese', 1–2, accessed 12 December 2017, https://www.sbs.com.au/gold/story.php?storyid=46; also see Choi, *Chinese Migration*, 18–21.

[65] Reeves and Mountford, 'Sojourning and Settling', 120; also see Choi, *Chinese Migration*, 22.

[66] Reeves and Mountford, 'Sojourning and Settling', 111; also see Choi, *Chinese Migration*, 18–21.

[67] Choi, *Chinese Migration*, 13; also see Immigration restrictions in 1855; *Immigration Restriction Act 1901*; Migration Heritage, 'Australia's Migration History', New South Wales Migration Heritage Centre, accessed 15 January 2017, http://www.migrationheritage.nws.gov.au/belongings-home/about-belongings/australia.

Chapter 4

Pandemic Influenza Infects the People of Oodnadatta

What has a dot on a map in the South Australian outback (see Figure 4.1) got to do with the history of the worldwide influenza pandemic in 1919? One answer lies in a series of photographs taken by my grandparents, Reverend Coledge Harland and Sister Jean Williamson that reveal glimpses of the pandemic at Oodnadatta. Held by my family for nearly 100 years, their significance was unrecognised until now. The photographs document the transport, people, accommodation and treatment provided at Oodnadatta during the pandemic.

Figure 4.1: Red Dot Shows the Position of Oodnadatta in Outback South Australia

Source: Google maps, 14 December 2015.
Note: Oodnadatta in northern South Australia is situated in lowest rainfall zone in Australia.

Pandemic influenza infected the community of Oodnadatta from late May to late July 1919.[1] The management of influenza and care of patients during this intense two-month period can be divided into two parts. This chapter focuses on the first month; it explains

[1] Harland, diary entries, May–August 1919, Harland Collection; Williamson to Wallace 1920, Harland Collection; also see Kramer, *Australian Caravan Mission*; SRSA GRG 52/1/23/50/1919 Aboriginals Department, Office of the Chief Commissioner, Tackaberry to Chief Protector, 23 June and 5 August 1919; CBH report in *The Advertiser* (Adelaide), 5 June 1919, http://nla.gov.au/nla.news-article 56544903; Gara, 'The Spanish Influenza Epidemic', 10–14.

the chronology and mode of arrival of influenza to Oodnadatta and examines the response to that arrival, in terms of the organisation, effectiveness of management, accommodation and support provided. This chapter also examines the nursing practices that reflected the professional nursing principles of Florence Nightingale. The medications and treatments that Williamson used are assessed for the support they provided and the effectiveness of their properties. This chapter provides a benchmark—in terms of the care, support and facilities provided—from which to compare and contrast the second month of influenza, examined in Chapters 5 and 6, when influenza spread to the Aboriginal camps surrounding the township.

Reflecting on the Source of Infection

The first wave of pandemic influenza passed through South Australia between January and March 1919. Although passenger rail transport between states had been restricted and health examinations, permits and quarantine measures continued until June, pandemic influenza was still transported up the northern rail line reaching Oodnadatta in late May 1919. Reverend Harland, then based at Oodnadatta, was preparing for his first northerly visitation, a trip that would take him away from the township and his duties there for several months, when influenza appeared. Harland's awareness of the significance of pandemic influenza led him to postpone his journey and remain to assist with the organisation and care of possible patients.[2] Mr Harry Gepp, secretary to the Australian Inland Mission (AIM), wrote in his June monthly report that Harland 'stayed and has been doing invaluable work helping to look after the sick and helping the Sister [J. Williamson] who has had her hands more than full'.[3]

It seems that Sister Williamson had anticipated the possible arrival of the influenza pandemic for, soon after her arrival at Oodnadatta in late January, she requested medications and advice from the Central Board of Health (CBH), stating: 'I want to be prepared for emergencies'.[4] By then, pandemic influenza had already spread to many countries around the world.[5] Indeed, by February 1919, influenza was affecting

[2] Harland, diary entry, 29 May 1919; H. Gepp to J. Flynn, 30 June 1919, Records of the Uniting Church in Australia Frontier Services, NLA, MS 5574, Papers of the Australian Inland Mission/Oodnadatta hospital correspondence, 1916-32/102/3.

[3] H. Gepp to J. Flynn 30 June 1919.

[4] Williamson to CBH, 1 February 1919, Harland Collection.

[5] Ibid.

Aboriginal people in northern South Australia and, although the first wave subsided, it was followed by a more virulent wave at the end of May.[6]

Harland's official duties at Oodnadatta revolved around his commission as a patrol padre, but the arrival of pandemic influenza led to his sharing a lead role in the organisation of accommodation and transport. He was proactive in this role and requested extra accommodation for a possible influx of patients early in June, soon after influenza had arrived. He also assisted with the management and care of patients during the crisis.

The fortnightly train that arrived at Oodnadatta on 30 May 1919 brought members of a 'Welcome Party' with the returning soldiers. A 'Cheer Up' concert to lift the spirits of the community was held the following night (see Figure 4.2).[7] A major event in a small outback town, the concert was attended by a large number of residents.[8] Reflecting later on the source of the infection, Harland believed that this visit was the main source.[9] The 1918–1920 influenza was highly contagious and had a very short incubation period. Bacteriologist Dr Edwin Jordan later concluded that the incubation period was one to three days and that patients would have been contagious during that time.[10] The appearance of patients at Oodnadatta on 31 May is consistent with this incubation period.[11] There may have been individual cases of influenza prior to the arrival of the 'Welcome Party' but the simultaneous exposure of a large number of people at the concert provided ideal conditions for a rapid transmission of infection. This could explain why Sister Williamson was already visiting multiple patients on 1 June.[12] The first patients to appear were the railway medical officer, Arthur Tackaberry, who did not ask for assistance, the family of Mounted Constable Hadaway, and Mr and Mrs Charlie Brown, who required round the clock nursing for the first week.[13]

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[6] Refer to Chapter 3.

[7] 'Cheer up concert' for returning soldiers, Harland, diary entry, 30 May 1919.

[8] The initial influenza patients were European with the illness spreading later to the Afghan, Aboriginal then Chinese groups. Harland, diary entries, June; Williamson, letters, Harland Collection.

[9] AIM talk, Harland Collection.

[10] Jordan, *Epidemic Influenza: A Survey*, 256.

[11] Ibid.

[12] Harland, diary entry, 1 June 1919.

[13] Harland, diary entries, 31 May – 5 June 1919; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June and 2 July 1919.

Figure 4.2: Williamson and Harland at 'Cheer Up' Concert and 'Welcome Home' for Returning Soldiers, 1919

Photographer: Margaret Williamson, Oodnadatta 1919, Harland Collection.

Note: the beds, cot and furniture have been removed from the hostel ward and a piano has been brought in for the "Welcome Home' and 'Cheer-up' concert.

Other ideas about the source of the infection circulated both during and after the outbreak in newspapers and local memory. The *Daily Herald* reported that a 'mixed-goods train that travelled up the north line at the beginning of June, with infected crew, had carried influenza to the towns of Farina, Maree, William Creek and Oodnadatta'.[14] Harland mentioned in his diary on 5 June that he was writing letters to be picked up by that day's 'special mail'.[15] This could have been the 'special' (extra 'mixed-goods train') mentioned in the *Daily Herald*. If so, it seems unlikely that this service was the initial source of the

[14] *Daily Herald* (Adelaide), 17 July 1919, 3, http://nla.gov.au/nla.news-article10647008.

[15] Harland, diary entry, 5 June 1919.

infection. However, an earlier 'special' had arrived on 21 May, bringing visitors to town, including Mr and Mrs Gus Elliott of Horseshoe Bend Station, who visited the AIM hostel on 26 May. On that very same evening, Mrs Charlie Brown and Tom Cleary were also guests at the hostel. Both Brown and Cleary were early influenza patients.[16] This earlier 'special' could have transported the disease; however, the time from exposure to visible symptoms seems overly long if we accept Jordan's estimate of the incubation period.

Miriam Dadleh from the Afghan town on the outskirts of Oodnadatta provided a different explanation for the outbreak. She attributed it to her father's friend, 'a returned soldier, old Ernie Kemp, manager of Macumba Station … [who had] come back a bit sick, and passed it [influenza] to her father'.[17] Dadleh's explanation cannot be discounted, recalling as it does that the deadly disease's original pathway to Australia was via returning soldiers.[18] What each of these explanations have in common is the railway. Whether it was the 'Welcome Party', passengers on board 'the special', a returned soldier, or whether it came by one train or many, it seems certain that influenza reached Oodnadatta by rail. Rail was the main mode of transport for the 1107 kilometre (688 mile) journey at the time.[19]

Tackaberry reported himself ill with influenza on 31 May and, although he did not venture out into the community while he was convalescing,[20] he was (as part of his official role) the conduit by which requests for assistance could be sent to the CBH and the chief protector of Aborigines. Harland and Williamson visited him to place requests.[21] Later, during the second month of influenza, which is examined in Chapter 6, Tackaberry assisted with the ordering and setting up of the tent hospital for Aboriginal patients, and also made visits to the patients.[22]

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[16] Harland, diary entry, 26 May 1919.

[17] Miriam Dadleh in Shaw, *Our Heart is the Land*, 73; Miriam Dadleh in Dallwitz and Fazio, *White to Black*, 18.

[18] Barry, 'The Sight of the Origin'; McQueen, 'Spanish Flu 1919', 565; supported by numerous articles, papers and news reports.

[19] Rail was the main mode of transport. See Harland Collection; Day, *Gidgee and Grit*, 58–59.

[20] Harland, diary entry, 31 May 1919; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June.

[21] Harland, diary entries, 5, 6, 23 June 1919.

[22] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June, 2 July, 14 July 1919; also see Harland, diary entries, June and July 1919, Williamson to Wallace 1920, Harland Collection;

Working to Full Capacity

Sister Williamson was left to take charge of the pandemic because, Tackaberry, being ill, was unavailable for the first month. She had to determine what care and treatment was required and tend to all patients.[23] Williamson had gained experience with influenza and pneumonia while nursing Indigenous patients in Port Vila and infectious patients in Sydney; this experience proved valuable for managing pneumonia influenza patients at Oodnadatta.[24] The only nurse in central Australia at this time,[25] she had to work at full capacity, tending patients by day and into the night not only within Oodnadatta but also beyond. Without other medical support, Williamson's only choice for guidance was to send telegrams to the CBH in Adelaide and await their reply. Both Harland and Williamson would have been aware of the gravity of the global influenza situation from newspapers and other sources; their job was to allay patients' fears and instil hope to assist patients to fight the illness.[26]

On 1 June, Williamson visited 'Mrs Brown and influenza patients'. Harland had organised for 'Mr Jeremy Russell to drive Sister [Williamson] around in his [Russell's] buggy'[27] (see Figure 4.3). Both Mr and Mrs Charlie Brown were ill with influenza. Harland had 'sat up with Mr. Brown' through the night at the Brown's home near the rail line.[28] Charlie Brown was one of two blacksmiths in the town, an important role in an era of carts, wagons and steam trains.[29] (The workshop is seen in Figure 4.4.) Harland often boarded with the Browns when he was in town (being a roving chaplain, there was no allotted accommodation for him in 1919).[30] Harland's diary entries reveal a worsening

[23] Harland, AIM talk.

[24] Oodnadatta was the only commercial centre between Maree and Alice Springs. Maree had a bush nursing centre with one nurse but there was no nurse or hospital at Alice Springs. Litchfield, *Marree and the Tracks beyond in Black and White.* 27.

[25] See Williamson's documents, certificates and Presbyterian Church of Australia to Williamson, 14 March 1917, Harland Collection; also see Flynn to Williamson, 30 November 1918; Williamson, 'A Nurse in the New Hebrides'.

[26] Newspaper reports on the influenza pandemic from 1918 to 1919.

[27] Harland, diary entry, 2 June 1919.

[28] Harland, diary entry, 1 June 1919.

[29] Photographs, Harland Collection. Bill Fleming, Charlie Brown's grandson, referred to his grandfather as the town's blacksmith and described his workshop, see Bullen Field Notes 2013. According to Horace Simpson, Charles Fleming opened the blacksmith shop at Oodnadatta in 1902. There were two blacksmiths.

[30] In late 1919, the boarding house to the north of the AIM hostel was converted into a manse (a manse is used to accommodate a Presbyterian minister).

situation over the next few days: ‘Influenza is spreading and Sister has been kept busy’; ‘the patients are increasing’; ‘some cases of influenza [are becoming] worse’.[31] Not all patients were named by Harland and Williamson’s detailed reports to the AIM are not available.[32] Therefore, the focus here is on those patients whose names were recorded. Their experiences are taken as representative of the progress and care of a number of unnamed patients.

Figure 4.3: Mr Russell’s Buggy, Used to Transport Patients during the Pandemic

Photographer: Harland, 1919, Harland Collection.
Note: without a vehicle of her own Williamson relied on assistance from the community for patient transport

Figure 4.4: Charlie Brown’s Blacksmith Shop at Oodnadatta

Photographer: Harland, c. 1919, Harland Collection.
Note: Charles Fleming and Charlie Brown, the town’s blacksmiths worked together at the blacksmith shop.

[31] Harland, diary entries, 3, 4 June 1919.

[32] Williamson’s reports to the AIM and letters to John Flynn were not received by the National Library of Australia and are unavailable at this time.

The CBH advised the public in November 1918 through news articles and pamphlets that infected families should remain quarantined, ideally at home; that it was necessary to disinfect and fumigate rooms; and that windows should be opened to allow fresh air to flow.[33] According to Dr Isaac Starr, who was a third-year medical student in 1918, it was generally understood at the time that the disease was transported through airborne particles and that face masks would reduce the risk of infection.[34] The Health Department instructed people 'to wash hands regularly, apply cough etiquette, disinfect and wear masks'.[35] At the time of the outbreak, Dr Weaver and others recommended three layers of absorbent gauze, such as butter muslin, in normal situations, and six layers for medical and nursing staff.[36] Harland, Williamson and other staff wore several layers of muslin as seen in Figure 4.5. The gowns and headgear worn by the Oodnadatta sisters and carers were also part of normal protective wear recommended for carers, nurses and medical staff. Starr and others stressed the value of face masks and handwashing as an effective means of protection from air-born droplets entering the mouth and nose. Christina Mills, James Robins and Marc Lipstich advise that surgical masks, eye protection and hand washing are current protecols employed to protect against cross contamination from respiratory infections.[37]

[33] 'Spanish Influenza Precautions in this State', *The Advertiser*, 23 November 1918, 9; also see Department of Health, 'Influenza'; McQueen, 'Spanish Flu 1919', 567; *The Advertiser*, 27 January 1919, 6, http://nla.gov.au/nla.news-article5625453.

[34] Starr, 'Influenza in 1918', 138.

[35] The Department of Health advised 'sneezing, coughing or expectorating … into clean rag which should be burnt at once', see Department of Health, 'Influenza'.

[36] Starr, 'Influenza in 1918', 138-140; Weaver (1918) in Jordan, *Epidemic Influenza: A Survey*, 462; also see David Haller and Raymond Colwell, 'The Protective Qualities of the Gauze Face Mask', *American Medical Association Journal* 71, no 15 (12 October 1918): 1213–15, accessed 12 April 2016, http://jamanaetwork.com/journals/jama/article-abstract/219245; Department of Health, 'Influenza'; The highly contagious nature of the illness is discussed in Jordan, *Epidemic Influenza: A Survey*, 256–58; Barry, 'The Site of the Origin', 1–4; also see Jordan, *Epidemic Influenza: A Survey*.

[37] Christina Mills, James Robins and Marc Lipstich, 'Transmissibility of 1918 Pandemic Influenza', *Nature* 432 (16 December 2004): 904–06, doi:10.1038/nature03063; Jordan, *Epidemic Influenza: A Survey*; Loeb, 'Beating the Flu', 208.

Figure 4.5: Sister Kelly, Harland and Tackaberry Wearing Masks and Headwear during the Pandemic

Photographer: Williamson, June 1919, Harland Collection. Note: Each person had several hand-made masks which were washed in boiling water then reused.

In this period, communicable diseases were commonly treated at home because most hospitals did not have adequate isolation facilities for an epidemic or pandemic.[38] The safest place to be cared for was usually the home where care was provided by family members, the local doctor, nurse or friends.[39] During the 1918–1920 influenza pandemic, isolation wards often consisted of large vacated buildings or a series of tents away from family and friends.[40] At Oodnadatta, influenza patients were cared for in their own homes where possible.[41] This was consistent with the advice given by the CBH and was necessary because there was no isolation ward at the AIM hostel.[42]

Community Members Provide Vital Assistance

Effective nursing and supportive care were very important to facilitate healing and to reduce the risk of influenza progressing to secondary pneumonia.[43] Community members assisted one another. A special correspondent from the *Quorn Mercury* reported that the women of Oodnadatta showed an 'excellent spirit of sociability and domestic reciprocity … [sacrificing] many hours of their time and [defying] infection in attending those who

[38] Loeb, 'Beating the Flu', 208.

[39] 'The Influenza', *The Advertiser*, 27 January 1919; Loeb, 'Beating the Flu', 208.

[40] Woodruff, *Two Million South Australians*, 69–70. Molly Billings, 'The 1918 Influenza Pandemic: Human Virology at Stanford, June 1997, 2, accessed 26 July 2016, https://virus.stanford.edu/uda ; McQueen, 'Spanish Flu 1919', 564.

[41] Harland, diary entries, June and July 1919.

[42] Flynn, 'Blank Draft Rules for AIM Homes'; also see Flynn to Williamson 13 September 1919; Williamson to Harland, 7 September 1919, Harland Collection.

[43] Pearce, *A General Textbook of Nursing*, 384*;* Ronald Webb Wilcox, *A Manual of Fever Nursing* (Philadelphia: P. Blakiston's son and co., 1908). For recent research, see Keeling, 'Alert to the Necessities', 1.

were in need'.[44] It was not just the women of Oodnadatta who assisted in this way. Mounted Constable Bertram Hadaway took care of his own family;[45] Harland, Jeremy Russell, Joe Copley and Joe Braedon ferried Williamson around to visit or retrieve patients in carts, buggies and Braedon's car, as illustrated in Figure 4.6. Braedon of Todmorden Station owned one of the only cars in northern South Australia at that time.[46] Valuable help also came from Margaret Williamson, Jean Williamson's younger sister, who worked tirelessly keeping wood up to the fires and the stove at the old hospital and hostel, cleaning and making beds and assisting with washing, ironing and preparing meals for the staff and the patients at the old hospital.[47]

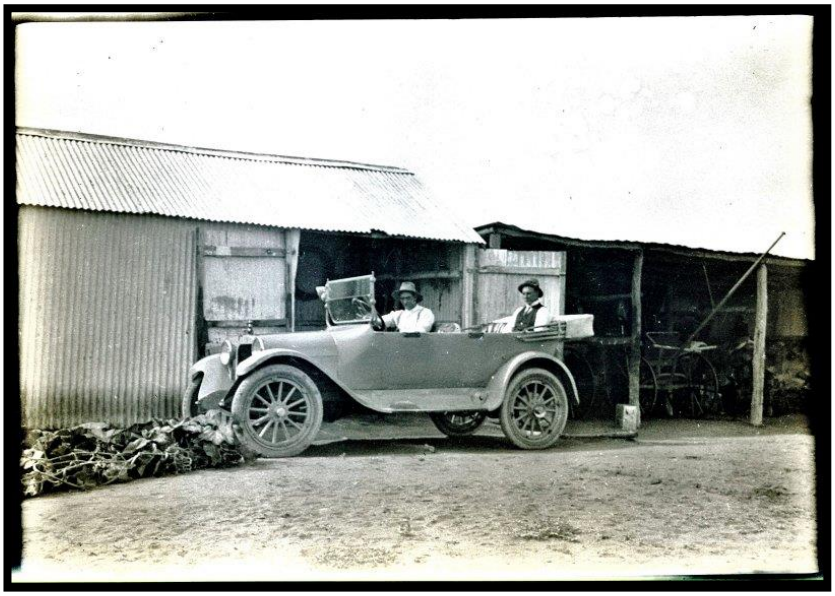

Figure 4.6: Joe Braedon's Car, Used to Transport Patients during the Pandemic

Photographer: Harland, c. 1919, Harland Collection.

Note: Braedon's car had been transported to Oodnadatta by train in 1917 and was the only car in the Oodnadatta area in 1919

When whole families became ill, carers had to take on other unfamiliar roles such as cooking or keeping fires going, changing bedding, washing, and looking after children or babies. Patients' homes varied from the well-appointed to makeshift structures with meagre furnishings, so staff were contending with many and complicating variables. Hygiene was not always a priority for the householder, facilities could be limited and beds could be rudimentary. In some cases, due to limited resources or because temperatures

[44] 'The Far North and Beyond', *Quorn Mercury*, 19 December 1919.

[45] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June 1919.

[46] Harland, diary entries, June and July 1919; Harland and Williamson's letters, Harland Collection.

[47] See Williamson to Harland 15 September 1919 on Margaret Williamson's role, Harland Collection.

dropped below zero at night, a number of family members slept in one bed in order to keep warm.[48]

Even with the large variation in the quality of housing across Oodnadatta, homecare meant that people were in a familiar place with family close by, and that care and treatments could be flexible, paying attention to traditions and customs of the individual community members.

The Relationship Between Supportive Nursing and Recovery

The relationship between supportive nursing and recovery from pandemic influenza was introduced in Chapter 2.[49] Starr and others explained that it was essential that patients were kept warm, clean and dry, and had good ventilation, fresh air and appropriate light nourishing foods, usually in liquid form.[50] A public health report by Arlene Keeling in 2010 confirmed that nursing care was vital in the 1918 pandemic influenza to assist with recovery.[51] Pneumonia influenza patients required complete rest and total and constant supportive nursing because of the debilitating nature of the disease which rendered them unable to care for themselves. This was due to the effects of the disease that included severe pain and debilitating headache, aching joints, loss of body function, chronic shortness of breath, coughing leading to vomiting, nose bleeds, haemorrhaging, serious anxiety, depression and delirium.[52] Keeling stressed the importance of pain relief, supportive medications and preparations as an aid to healing to prevent pneumonia developing or progressing to a life-threatening situation.[53] Morens, Taubenberger and Fauci's recent article in the *Journal of Infectious Diseases* explained that a critical situation often developed because of an acute disorganised response of the immune system to serious pandemic influenza or the secondary bacterial pneumonia, which could then led to acute respiratory distress. They determined that what is now known as Acute

[48] Harland Collection, several entries; Bullen Field Notes.

[49] Starr, 'Influenza in 1918', 138–40; also see Keeling, 'Alert to the Necessities', 105–12; Jordan, *Epidemic Influenza: A Survey*, 140.

[50] Starr, 'Influenza in 1918', 138–40; also see Nightingale, *Notes on Nursing.*

[51] Keeling, 'Alert to the Necessities', 105–12; also see Starr, 'Influenza in 1918', 138–40.

[52] Keeling, 'Alert to the Necessities', 105–12; also see Jordan, *Epidemic Influenza: A Survey*, 261; Starr, 'Influenza in 1918', 138–40

[53] Keeling, 'Alert to the Necessities', 105–12.

Respiratory Distress Syndrome (ARDS) was the cause of death in the majority of pandemic influenza cases.[54]

Many professional nurses at the time were following Florence Nightingale's training and philosophy, which advocated holistic nursing.[55] Nursing courses designed by Nightingale included basic pharmacology, pharmacopoeia, psychology, anatomy and physiology.[56] Nightingale believed that nurses needed to understand the process and progress of disease and its effects on the body.[57] Nightingale was Williamson's inspiration, a person she aspired to emulate and, because of this, it is highly likely that Williamson was particularly attentive during her studies.[58]

Nurses were trained to heal the whole person, not just treat the disease.[59] The attributes and principals of nursing in 1919, as designed by Nightingale, stressed the importance of focusing on the individual patient. Care and treatment was centred on the patient, attending to their needs while managing the symptoms and disease.[60] Nightingale expressed the importance of '[treating] all people as equals regardless of their birthright, social class or biological differences'.[61] Her teachings referred to the importance of considering the patient's internal and external environment as an essential component of healing.[62] She advised nurses to keep empirical data on patient's responses to their care and treatment so that they could adjust their practices to strive for the best outcome for the patient.[63]

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[54] Morens and Fauci, 'The 1918 Influenza pandemic', 1020; Jordan, *Epidemic Influenza: A Survey*, 205–07, 244, 268; Tortoro and Grabowski, *Principles of Anatomy and Physiology*, 746.

[55] Dossey and Keegan, *Holistic Nursing*, 4; Nightingale, *Notes on Nursing*, 19.

[56] Dossey and Keegan, *Holistic Nursing*, 5–11; Nightingale, *Notes on Nursing*, 18–19; also see Pearce, *A General Textbook of Nursing*; Karen Egenes, *History of Nursing* (Jones and Bartlett Publishers, 2007), 10.

[57] Dossey and Keegan, *Holistic Nursing*, 10–11; Nightingale, *Notes on Nursing*, 19.

[58] Bullen Field Notes; personal memories and Harland Collection.

[59] Nightingale, *Notes on Nursing*, 18; Janet Macrae, *Nursing as a Spiritual Practice: A Contemporary Application of Florence Nightingale's Views* (New York: Springer Publishing Company, 2001), 17–18; Dossey and Keegan, *Holistic Nursing*, 10–12.

[60] Nightingale, *Notes on Nursing*, 20; Dossey and Keegan, *Holistic Nursing*, 10.

[61] Nightingale, *Notes on Nursing*, 91.

[62] Ibid., 20.

[63] Ibid., 9–11.

This care encompassed emotional and psychological as well as spiritual elements.[64] According to Janet Macrae, Nightingale's interpretation of spirituality '[envisioned] the universal spirit of right as both the transcendent reality and the inner essence of every human being'.[65] Hoffmann explained spirituality as a 'manifestation of a person's wholeness and being that is not subject to choice but simply is'.[66] Dossey and Kegan summed it up as 'the essence of every person and … not limited to a religious perspective'.[67] Spirituality is one of the more intangible aspects of healing—tending the soul, creating a calmness, peace and harmony with the surroundings. Nightingale spoke of spiritual support as 'developing or supporting spirituality in order to allow one's own true, or basic, nature to unfold … through a time of quiet reflection or prayer'. [68] This was an important element of Harland and Williamson's approach.

This holistic view of health envisioned physical, emotional, psychological, environmental, social and spiritual care as important to healing. Holistic healing, according to Dossey and Keegan, 'is the integration of the totality of the person in mind, body, emotion, spirit, and environment'.[69] They explain that holistic healing aims to create an optimal position in which all elements and systems are in balance, within the body, and externally as we balance ourselves within the environment.[70] All aspects of a patient's life were seen as important elements to consider in the healing process. It was only through the high level of continuous holistic patient-centred care, supportive treatments and herbal medications that the dangerous complications associated with the pandemic could be limited.[71]

A number of research papers written at the time of the pandemic were included in Jordan's survey of 1927; these stressed that medications available during the influenza pandemic could not cure pandemic influenza or the ensuing secondary pneumonia, and that home remedies and over-the-counter preparations could only relieve symptoms and reduce

[64] Ibid., 18–20; Dossey and Keegan, *Holistic Nursing,* 4, 10–13; Macrae, *Nursing as a Spiritual Practice,* 18, 49–53.

[65] For Nightingale on spirituality, see Macrae, *Nursing as a Spiritual Practice,* x.

[66] David Hoffmann, *The Holistic Herbal* (Somerset England: Findhorn Press, 1983), 22.

[67] Dossey and Kegan, *Holistic Nursing*, 723.

[68] Nightingale, *Notes on Nursing*, 120.

[69] Dossey and Keagan, *Holistic Nursing*, 65.

[70] Ibid.

[71] Loeb, 'Beating the Flu', 207–08; see also Starr, 'Influenza in 1918', 138–40; Pearce, *A General Textbook of Nursing*; Hoffmann, *The Holistic Herbal.*

pain.[72] Elizabeth Hanink has recently argued that, with no medical cure for influenza or pneumonia, the main task of nurses during the 1918–1920 outbreak was to provide support for patients.[73] However, nurses provided much more than support, for the herbal medications and treatments used by many did much more than just relieve symptoms.[74]

The majority of research completed on the 1918–1920 influenza pandemic has referred to the affect and effect of allopathic medical practices and medicines. Little consideration has been given to complementary medicines, such as herbal or homeopathic remedies. Recent research by neurobiologists and herbalists Kathy Abascal and Eric Yarnell and homeopath Sandra Perko has demonstrated that herbal and homeopathic practices were used during the 1918–1920 pandemic by eclectic physicians and homoeopathists.[75] Indeed, according to Abascal and Yarnell, '[eclectic] physicians were very successful' in healing pandemic influenza patients.[76]

New research by Dr William Evans, pharmacist and biologist, demonstrates that people in almost all nations of the world have used local herbal preparations for healing for thousands of years and that a synergistic relationship has developed between flora and fauna, including people. With the movement of people over time, foreign herbs have been adopted by other nations.[77] The ingredients, preparations used at Oodnadatta by Williamson for the treatment of pandemic influenza differed from those mentioned by eclectic doctors and naturopaths and homeopaths in America and Europe as mentioned in the work of Abscal, Yanell, Grimes, Perko and Pappas.[78] The botanical products they

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[72] Anti-virals and antibiotics had not been discovered in 1919 see Jordan, *Epidemic Influenza: A Survey*, 308; also see 'The Physicians of Philadelphia' in Loeb, 'Beating the Flu', 211.

[73] Elizabeth Hanink, 'Nursing during the Spanish Flu Epidemic of 1918', *Working Nurse*: *Career Advice and Opportunities for California RN's*, 7–8, accessed 9 January 2018, http://www.workingnurse.com/articles/Nursing-During-the-Spanish-Flu-Epidemic-of-1918; also see Loeb, 'Beating the Flu', 211; Starr, 'Influenza in 1918', 138–40; Keeling, 'Alert to the Necessities', 105–12.

[74] Abscal and Yarnell, 'Herbal Treatments', 214–15, 220; also see Pappas, 'Homeopathy', 216–18.

[75] Abascal and Yarnell, 'Herbal Treatments', 214–21; Sandra Perko, *Homeopathic Treatments of Influenza: Surviving Influenza Epidemics and Pandemics Past, Present and Future with Homeopathy* (San Antonio, TX: Benchmark Homeopathic Publications, 2009); Pappas, 'Homeopathy'; Grimes, 'Homeopathy Successfully Treated', 215.

[76] Abscal and Yarnell, 'Herbal Treatments', 214–21.

[77] Andy Barr, Joan Chapman, Nick Smith and Maree Beveridge, *Traditional Bush Medicines: An Aboriginal Pharmacopoeia* (Richmond Victoria: Greenhouse Publications, 1988), 8*;* Hoffmann, *The Holistic Herbal,* 13; William Evans, *Trease and Evans Pharmacognosy,* 16th ed. (Edinburgh: Sanders, 2009), 482–91.

[78] Abascal and Yarnell, 'Herbal Treatments', 214–21; Sandra Perko, *Homeopathic Treatments of Influenza: Surviving Influenza Epidemics and Pandemics Past, Present and Future with Homeopathy*; Pappas, 'Homeopathy'; Grimes, 'Homeopathy Successfully Treated', 215.

referred to in their research were gelsemium root, black cohosh, eyebright, boneset, pleurisy root, blood root, aconite root, belladonna, passionflower leaf, echinacea, veratrum viride, cayenne and cephaelis ipecacuanha. The only product from this list that Williamson used was cayenne. At Oodnadatta unique Australian ingredients were included with those from Europe, China and the Middle East, where Oodnadatta residents themselves originated.[79] Some healing processes, products and practices used at Oodnadatta were similar to, or developed from, traditional Aboriginal practices.[80] In this way, Williamson was able to incorporate cross-cultural and intercultural links through healing practices and medications at Oodnadatta.

The medications and preparations used by Williamson were mainly natural treatments and botanical preparations that relied on plant, mineral and some chemical products as aids to healing.[81] The aim of nursing and of herbal and holistic healing was to assist the patient to heal themselves.[82] The body has an innate desire to survive; even as it was being attacked by pneumonic influenza, the body attempted to heal itself, as Morans, Taubenberger and Fauci discovered through their research using frozen tissue samples from the 1918–1920 pandemic.[83]

The medications Williamson ordered in February included a preparation called Antiphlo (Antiphlogistine)[84] that consisted of volatile therapeutic oils in kaolin. Kaolin and the therapeutic oils of eucalyptus, peppermint and menthol were heated, then portions of the

[79] A. B. Cribb and J. W. Cribb, *Wild Medicine in Australia* (Sydney NSW: Fontana Collins, 1981), 9, 10; also see Clarke, 'Aboriginal Healing Practices', 3; Jennifer Isaacs, *Bush Food: Aboriginal Food and Herbal Medicine* (Sydney: New Holland Publishing, 1987); Hoffmann, *The Holistic Herbal*; Pearce, A General Textbook of Nursing.

[80] Herbal Encyclopaedia, 'Camphor: Common Medicinal Herbs for Natural Health', 16, 45–52, accessed 8 January 2018, http://www.cloverleaffarmherbs.com/camphor; Edward Group, 'The Health Benefits of Cayenne Pepper', The Global Healing Center (2010), 1–5, updated 2015, accessed 9 January 2018, https://globalhealingcenter.com/natural-health/benefits-of-cayenne-pepper/; Botanical online, 'Properties of Wintercress', accessed 10 January 2018, https://www.botanical-online.com/english; Durable Health, 'Kaolin Clay Uses Benefits, Powder, Skin, Eating and Side Effects', accessed 8 January 2018, https://durablehealth.net/kaolinclay/kaolin-clay-benefits-side-effects-properties; Cribb and Cribb, *Wild Medicine in Australia,* 9–10; Barr et al., *Traditional Bush Medicines.*

[81] Wilcox, *A Manual of Fever Nursing,* 73; Ann C. Jammé, *Textbook of Nursing Procedures* (New York: MacMillan Company, 1921), 111–16.

[82] Dossey and Keegan, *Holistic Nursing*, 4–11, 38–39; also see David Hoffmann, *The Holistic Herbal.*

[83] Morens, Taubenberger and Fauci, 'Predominant Role of Bacterial Pneumonia', 5; also see Totoro and Grabowski, *Principles of Anatomy and Physiology*.

[84] Williamson to CBH, 1 February 1919. On antiphlu, also see Pearce, *A General Textbook of Nursing,* 116.

mixture were kneaded and applied directly to the skin of the chest, or spread on a flannel cloth as a poultice.[85] The plaster or poultice Williamson prepared from kaolin retained heat well and assisted to increase blood circulation to the skin allowing the volatile oils to be absorbed through the skin and inhaled into the airways.[86] Recent research by Linda Williams and Shelly Handel from Arizona State University supports the wisdom of this approach, as kaolin has been shown to have antimicrobial properties and the ability to absorb toxins including bacteria, which are valuable in the treatment of influenza.[87]

The oils in the 'Antiphlo' also contained therapeutic properties that were important for treating pandemic influenza patients. The antirheumatic, antiseptic, decongestant and expectorant properties of eucalyptus were recently documented by Claudio Cermelli, Anna Fabio and Giuliana Fabio from the University Maryland Medical Center.[88] Eucalyptus was used by Williamson during the pandemic to reduce the catarrh in the sinuses and lungs of her patients and to sooth their incessant coughing.[89] Peppermint oil contained the same antibacterial, antiviral, anti-inflammatory and analgesic properties as eucalyptus oil and was also used by Williamson.[90] The antibacterial and antiviral properties fought the influenza virus and the secondary bacterial pneumonia while the antiseptic agent assisted to cleanse the air, the skin and the patient's airways.

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[85] Pearce, *A General Textbook of Nursing,* 116; also see Jammé, *Textbook of Nursing Procedures*, 111–16*;* Wilcox, *A Manual of Fever Nursing*; Williamson to Harland 20 August 1919, Williamson to Dr Hair 1 February 1918, and documents, Harland Collection.

[86] Williams and Handel, ' "Healing Clays" Hold Promise in Fight Against MRSA Superbug Infections and Disease', 7 April 2008, 1–2, accessed 10 January 2018, https://biodesign.asu.edu/news/healing-clays-hold-promise-fight-against-mrsa-superbug-infections-and-disease; also see Durable Health, 'Kaolin Clay'; also see Wilcox, *A Manual of Fever Nursing*, 73.

[87] Williams and Handel, ' "Healing Clays" Hold Promise', 1–2.

[88] Claudio Cermelli, Anna Fabio and Giuliana Fabio, 'Effect of Eucalyptus Essential Oil on Respiratory Bacteria and Viruses', *Current Microbiology* 56, no. 1 (January 2008): 89–92, doi:10.1007/s00284-007-9045-0; see also Cribb and Cribb, *Wild Medicine in Australia*, 30–32; Bosisto, 'Early History of Eucalyptus', accessed 9 May 2017, http://www.eucalyptusoil.com/eucalyptus-history.

[89] Hoffmann, *Medical Herbalism* (Rochester, VT: Healing Arts Press, 2003), 522.

[90] Cermelli, Fabio and Fabio, 'Effect of Eucalyptus Essential Oil', 89–92; Pubchem, 'Menthol', National Centre for Biotechnology Information, accessed 6 June 2018, https://pubchem.ncbi.nlm.nih.gov/compound/1254; Evans, *Trease and Evans Pharmacognosy*, 263, 266–67, 289*;* Bosisto, 'Early History of Eucalyptus'; Cribb and Cribb, *Wild Medicine in Australia*, 30–32; Clarke, 'Aboriginal Healing Practices', 15; Hoffmann, *Medical Herbalism*, 491; Hoffmann, *The Holistic Herbal,* 11–12; also see Living Strong, 'What is the Use of Menthol?", accessed 9 January 2017, https://www.livingstrong.co/article/187048-what-is-the-use-of-menthol/.

Williamson applied eucalyptus as a topical disinfectant, to assist with rheumatic pain and as an inhalant to cleanse the airways,[91] Evans referred to the volatile oil of peppermint as menthol.[92] Williamson used peppermint oil or menthol as a disinfectant and to assist patients with anxiety, depression and hysteria. These uses of eucalyptus and peppermint have been confirmed in research by Hoffman, Cermelli, Fabio and Evans.[93] Hoffmann stated that menthol from peppermint acts as a nervine and also enhances lung and airway volume—important functions for assisting pneumonic influenza patients.[94]

In the dispensary of the AIM hostel, Williamson prepared cough medications, rubs, inhalants, absorbents, therapeutic oils, compresses and other treatments for her patients (see Figure 4.7).[95] She also spoke of creating flaxseed poultices and mustard plasters. Recent research, such as that conducted by Dr William Evans, shows the wisdom of her approach. Evans's herbal encyclopaedia states that flaxseed oil reduces catarrh and supresses coughing.[96] As used by Williamson, this anti-inflammatory agent would have assisted to reduce the body's negative response to the disease.[97] Further, Hoffmann and others have explained that mustard acts as a stimulant, dilating capillaries and increasing circulation to the skin, which assists to relieve internal pain.[98] For pneumonic influenza patients, internal pain became intense with progression of the illness as tissue and cells broke down in the body and pressure from internal bleeding and pooling of fluids increased.[99]

The emotional and psychological needs of Williamson's patients were tended through nursing care, supportive treatments and medications. Williamson used 'pneumonia jackets' (see Figure 4.8) that were recommended for the treatment of pneumonia before

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[91] Hoffmann, *Medical Herbalism*, 548.

[92] Evans, *Trease and Evans, Pharmacognosy*, 50, 85, 131; Pubchem, 'Menthol'.

[93] David Hoffmann, *Medical Herbalism*, 548; Cermelli, Fabio and Fabio, 'Effect of Eucalyptus Essential Oil', 89–92; Evans, *Trease and Evans, Pharmacognosy*, 94, 289; Pubchem, 'Menthol'.

[94] Hoffmann, *Medical Herbalism,* 247; also see Pubchem, 'Menthol'; Living Strong, 'What is the Use of Menthol?'; Evans, *Trease and Evans Pharmacognosy*, 45–52.

[95] According to Williamson's letters, this was part of her role, Harland Collection.

[96] Evans, *Trease and Evans, Pharmacognosy*, 188*;* also see Hoffmann, *Medical Herbalism*, 97; Dossey and Keagan, *Holistic Nursing.*

[97] Pearce, *A General Textbook of Nursing*, 385; Wilcox, *A Manual of Fever Nursing*, 81, 119–22, 138; Tortoro and Grabowski, *Principles of Anatomy and Physiology*, 745.

[98] Hoffmann, *The Holistic Herbal*, 350; also see Evans, *Trease and Evans, Pharmacognosy*, 266, 290; Pearce, *A General Textbook of Nursing*, 121; Wilcox, *A Manual of Fever Nursing*, 73*;* Jammé, *Textbook of Nursing Procedures*, 11–16; Williamson, letters and documents, Harland Collection.

[99] Tortoro and Grabowski, *Principles of Anatomy and Physiology*, 745.

the discovery of antibiotics for serious influenza patients.[100] These were made of quilted muslin lined with cottonwool that served to keep the patient warm. Pneumonia jackets, poultices, plasters and blanket wraps[101] also provided physical support, as, by applying a light pressure, they assisted with pain, anxiety, depression and delirium, thus helping patients to relax and feel secure.[102] Pneumonia jackets also had another function, as they were impregnated with a combination of beneficial volatile oils that included capsicum, wintercress, eucalyptus, camphor and menthol.[103]

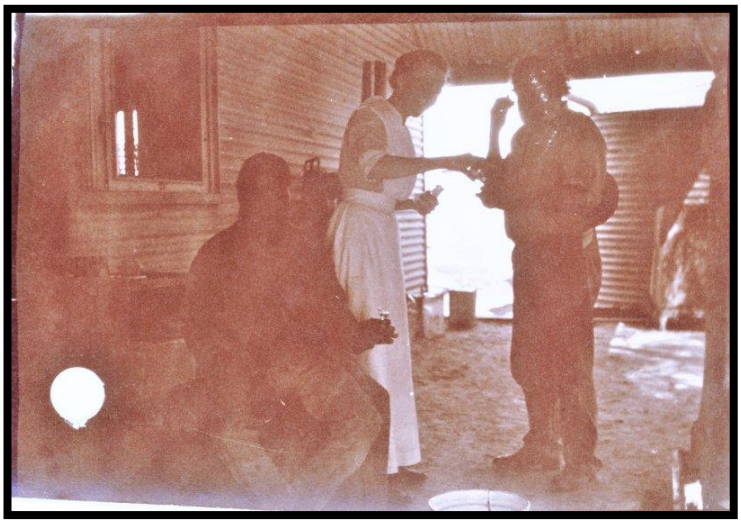

Figure 4.7: Williamson Administering Medications in the Outdoor Dispensary, AIM Hostel, Oodnadatta

Photographer: Harland, 1919, Harland Collection.

Note: this photograph was taken in the open air dispensary in the central section of the rear veranda a the AIM hostel.

[100] Williamson, to Dr Hair, Harland Collection; also see Wilcox, *A Manual of Fever Nursing*, 138; Pearce, *A General Textbook of Nursing*, 385–89.

[101] A blanket wrap was created by placing a blanket on the diagonal under patient. The top corner was folded down under the head then the bottom corner was brought up over the feet. The sides were tucked around and under the patient one after the other so creating a cocoon. See Wilcox, *A Manual of Fever Nursing*; Jammé, *Textbook of Nursing Procedures.*

[102] Jordan, *Epidemic Influenza: A Survey*, 279; see also Jammé, *Textbook of Nursing Procedures*; Wilcox, *A Manual of Fever Nursing*, 73; Pearce, *A General Textbook of Nursing,* 116.

[103] 'Wawns Wonder Jacket', *The Advertiser*, 5 June 1919, accessed 6 February 2017, http://nla.gov.au/nla-article5654490; Museum Victoria, 'Pneumonia Jacket', Item HT 22840, accessed 15 April 2017, https://collections.museumvictoria.com.au/items/1455953; Pearce, A General Textbook of Nursing, 116, 385–89, 483.

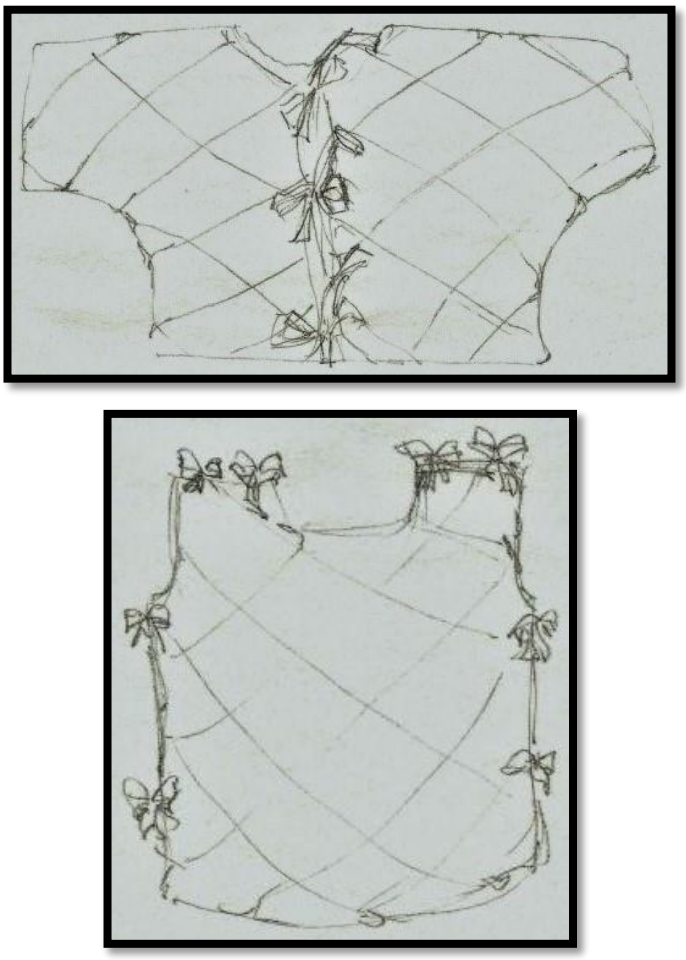

Figure 4.8: Pneumonia Jackets

Source: Sketch from Museum Victoria collections, Pneumonia Jacket white muslin, accessed 15 April 2017, http://www.collections.museumvictoria.com.au/items/1455953.
Note: these quilted muslin pneumonia jackets were lined with cotton-wool and impregnated with volatile oils.

Capsaicin oil (from the capsicum family) acted as a stimulant and tonic to improve cardiac blood flow, as Dr Edward Group of the Global Healing Centre has explained.[104] This tonic was valuable for pneumonic influenza patients who, because of internal and external blood and fluid loss were hypovolemic (had low blood volume), which compromised heart function.[105] The antimicrobial properties of capsaicin oil were also beneficial to the Oodnadatta patients in that they assisted in the elimination of toxins through the promotion of perspiration.[106]

[104] Group, 'The Health Benefits of Cayenne Pepper', 2, 3; also see Hoffmann, *Medical Herbalism*, 302.

[105] 'Hypovolemic' refers to low volume of blood in the circulatory system. Tortoro and Grabowski, *Principles of Anatomy and Physiology*, 629; also see Starr, 'Influenza in 1918'.

[106] Group, 'The Health Benefits of Cayenne Pepper', 2; also see Evans, *Trease and Evans, Pharmacognosy*, 224; Hoffman, *The Holistic Herbal*, 302.

Camphor, another of the volatile oils used on the pneumonia jacket, stimulated circulation, assisted in controlling coughing and loosened mucous. It also acted as a local anaesthetic, sedative and nervine, assisting with anxiety, depression and hysteria.[107] As demonstrated, the properties of both capsaicin and camphor oil were beneficial to Williamson's pneumonic influenza patients. According to Grieve, camphor oil has recently been used to prevent the growth of pneumococci.[108] Pneumococci was recognised by Morens, Taubenberger, Fauci and other researchers as one of the common pneumonia bacteria found in the lungs of pandemic influenza patients.[109] It follows that camphor was probably an important agent in preventing influenza from progressing to lethal pneumonia at Oodnadatta.

The evidence presented above indicates that the herbal preparations used by Williamson and others at Oodnadatta aided in reducing the spread of pneumonic influenza internally and externally via the antiviral, antibacterial, antiseptic and antiviral properties of kaolin, eucalyptus, peppermint, capsaicin and camphor, while assisting the body to heal itself.[110] Therefore, although bacteriologists had not isolated viruses and had not developed antibiotics, there were botanicals in use that naturally contained these properties.

Allopathic medicines were originally derived from plant-based and natural products. In recent times, with the arrival of antibiotic-resistant 'super bugs', medical research has again turned to therapeutic botanicals to discover successful treatments for bacteria, viruses and cancers that are not responding to conventional treatments.[111] This research suggests that the medications and treatments used by Williamson in 1919 were effective not only in treating the signs and symptoms of the pandemic influenza, but also were effective in supporting and aiding the body as it fought the disease by directly targeting

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[107] Evans, *Trease and Evans, Pharmacognosy*, 224; Hoffmann, *Medical Herbalism*, 65.

[108] M. Grieve, 'Camphor', in *A Modern Herbal*, Botanical online, accessed 6 June 2018, https://botanical.com/botanical/mgmh/c/campho13.html; Organic Facts, 'Surprising Benefits of Camphor Essential Oil', accessed 8 January 2018, http://www.organicfacts.net/health-benefits/essential-oils/camphor-essential-oil.htlm; Herbal Encyclopaedia, 'Camphor: Common Medicinal Herbs for Natural Health'.

[109] Morens, Taubenberger and Fauci, 'Predominant Role of Bacterial Pneumonia', 4; also see Morens, and Fauci, 'The 1918 Influenza Pandemic', 1020; and for early studies see Smith, Andrewes and Laidlaw, 'A Virus Obtained from Influenza Patients'; Andrews, Laidlaw and Smith, 'Influenza: Observations on the Recovery of Virus from Man'; Jordan, *Epidemic Influenza: A Survey*, 268.

[110] For effects of pneumonic influenza on the body, see Tortoro and Grabowski, *Principles of Anatomy and Physiology*, 745.

[111] Williams and Handel, ' "Healing Clays" Hold Promise'.

the damage caused by, and changes in the body resulting from, pandemic influenza, while protecting against further infection, and reducing the severity of pneumonic influenza.

Williamson Applied for Assistance as Patient Numbers Increased

On 5 June, local school boy Horace Simpson carefully penned in his diary that 'the school was closed on account of the flu at 12 o'clock today'.[112] That afternoon, Harland 'drove to the Afghan town with Sister [Williamson]' to visit patients. The Afghan town was located about half a mile north-west of the town. Nameth Khan, a well-respected cameleer, and his wife, a Western Aranda woman who had been a Sunday school teacher at Hermannsburg Mission,[113] were both ill. The family lived in a dwelling typical for the time and place—a mudbrick house with an iron roof at the north end of the Afghan town (see Figure 4.9). Mrs Nameth Khan, who had a young baby, was desperately ill with pneumonic influenza. Some patients who presented with influenza progressed rapidly after the first appearance of the symptoms to a debilitating illness.[114] Less than a decade after the outbreak, Jordan described the extremely rapid progression of the 1918–1920 pandemic influenza from the onset of influenza to serious illness.[115] He also reported that pregnant woman and nursing mothers were at very high risk of serious illness.[116]

Figure 4.9: A Mudbrick House with a Tin Roof at the North End of the Afghan Town

Photographer: Harland c. 1920, Harland Collection.
Note: The Khan family home was the one the right of the image with eucalypt trees as described by Miriam.

[112] Horrie Simpson in Dallwitz and Fazio, *White to Black,* 23.

[113] Hermannsburg was an Aboriginal Mission run by Carl Strehlow. Miriam Dadleh in Dallwitz and Fazio, *White to Black*, 4.

[114] Starr, 'Influenza in 1918'. The essay first appeared in *Annals of Internal Medicine* in 1976, 139.

[115] Jordan, *Epidemic Influenza: A Survey*, 261

[116] Ibid., 272–74; Starr, 'Influenza in 1918'.

Williamson catered for the cultural needs of patients with her holistic patient-centred care.[117] Same gender care was appropriate with both Aboriginal and Islamic health practices.[118] Harland followed Williamson's instructions as he tended to Mr Khan while Williamson cared for Mrs Khan. Although Williamson used all her skills and the therapeutic medications available to her Mrs Khan's condition continued to deteriorate.[119] As Tackaberry was unavailable, Williamson was the only person qualified to provide medical assistance.[120] Unfortunately, Mrs Khan died from pneumonic influenza.[121] Mohammad Mullah and a Lutheran Pastor, quite possibly Frederick Kempe, presided at her funeral.[122]

Dr Ramsay Smith, president of the CBH, reported in *The Advertiser* on 5 June that telegrams received from Maree and Oodnadatta announced outbreaks of mild influenza at those places, with twenty-five cases at Maree and seven at Oodnadatta.[123] However, the CBH report does not accurately reflect the situation described by Harland and Williamson in their diaries. The figure given by the CBH may have been from earlier in the week, with the actual situation rapidly deteriorating from that point.[124] On the same day, 5 June, Harland 'interviewed [Tackaberry regarding] quarantining patients'.[125] Patients who had no assistance, or were in unsuitable living conditions or were extremely ill, required urgent care and accommodation.[126] Williamson requested an extra nurse the following day, indicating that there were a large number of patients and that they

[117] Harland, diary entries, June; also see Williamson's descriptions and explanations in her letters and diaries, Harland Collection.

[118] Pat Dudgeon and Abigail Bray, 'Indigenous Healing Practices in Australia', School of Indigenous Studies, University of Western Australia Perth (2017), 9, accessed 2017, https://doi.org/10.1080/02702149.2017.1314191f; Patrick Maher, 'A Review of "Traditional" Aboriginal Health Beliefs', *Australian Journal of Rural Health* 7, (1997) 323, doi/10.1046/j.1440-1584.1999.00264.

[119] Harland, diary entry, 6 June 1919; Williamson, letters, Harland Collection; Wilcox, *A Manual of Fever Nursing*, 138, 81; Pearce, *A General Textbook of Nursing*, 483; Starr, 'Influenza in 1918'.

[120] Harland AIM talk.

[121] Dadleh in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 136; Shaw, *Our Heart is the Land*, 72. There was no Lutheran Pastor in town but Nameth Khan was a friend of Kempe of Macumba and Mrs Khan had worked at Hermannsburg with F. Kempe, father of Ernie Kempe of Macumba.

[122] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 136; Harland, diary entry, 6 June 1919. I do not have a date for the death or funeral.

[123] 'The Influenza', *The Advertiser*, 5 June 1919, 9; 'Outbreaks in the Country', *Barrier Miner*, 6 June 1919, 1, http://nla.gov.au/nla.news-article45485754; 'The Influenza Epidemic', *The Southern Cross Times* (Western Australia), 13 June 1919, 7, http://nla.gov.au/nla.news-article167789070.

[124] Harland, diary entries, June 1919.

[125] Harland, diary entry, 5 June 1919.

[126] Harland, diary entries, June and July 1919.

anticipated an increase.[127] Williamson visited Tackaberry to place the request[128] and he wired for an extra nurse.[129]

Harland 'shifted from Brown's to the hostel' on 6 June. Perhaps Mr and Mrs Charlie Brown had improved enough to take care of themselves between Sister Williamson's visits. Harland also had a new patient, Tom Cleary.[130] Cleary had worked at Arltunga gold mine (see Figure 4.10).[131] He was very unwell. On the evening of the same day, Harland 'made arrangements with Mrs Jones to turn the rooms in the corner house, [to the north of the hostel], back into a hospital'[132] (see Figure 4.11 and 4.12). This was a small boarding house with three rooms to accommodate guests where Sister Main had run her clinic in 1907.[133]

Figure 4.10: Tom Cleary with Two Aboriginal Women

Photographer: unknown, c. 1919, Oodnadatta, Harland Collection.
Note: The Aboriginal women could be sisters or mother and daughter.

[127] Harland, diary entries, 31 May – 7 June 1919.

[128] Harland, letter and diary entry, 6 June 1919; Flynn, 'Rules of AIM Nurses', *The Inlander* 5, no. 2 (1918–19): 103–107.

[129] Harland, diary entry, 6 June 1919; 'Cases in the Country', *The Advertiser* (Adelaide), 10 June 1919, http://nla.gov.au/nla.news-article147055529.3.

[130] Harland, diary entry, 6 June 1919.

[131] Harland Collection; see also, 'Men of Arltunga' (photograph), Arltunga Collection, State Library of South Australia, accessed 11 April 2017, http://collections.slsa.sa.gov.au/collection/Arltunga+Collection.

[132] Harland, diary entry, 7 June 1919.

[133] Uniting Church of Australia, '75 Years of Medical Service'.

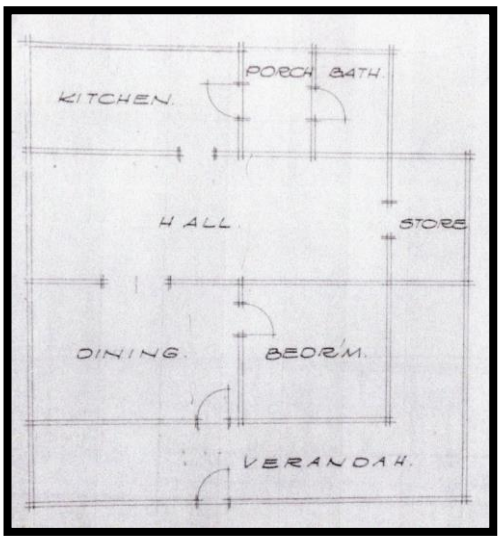

Figure 4.11: Plan of Old Hospital, Situated to the North of the AIM Hostel

Source: Records of the Uniting Church in Australia Frontier Services, National Library Australia, MS5574.
Note: the plan shows that if the kitchen was included there were four rooms available to accommodate patients.

Figure 4.12: Boarding House, Originally Known as the 'Old Hospital'

Photographer: Harland, Oodnadatta c. 1920, Harland Collection.
Note: patients were cared for in the old hospital and on its veranda during the pandemic

Cleary was seriously ill with influenza and, 'with the assistance of Alex Thompson [from Allandale Station], he was made comfortable in one of the rooms' of the old hospital. Harland 'slept under [his] camp sheet outside and took care of him during the night'. Cleary's temperature was 40 °C (104 °F)[134] a high fever, indicating that his influenza was progressing to pneumonia.[135]

[134] Harland, diary entry, 7 June 1919; also see Pearce, *A General Textbook of Nursing*, 384.

[135] Harland, diary entry, 7 June 1919; also see Jordan, *Epidemic Influenza: A Survey*, 104.

The Mortality Rate Increased

Sister Williamson took ill with influenza on 9 June, leaving Harland to assume most of her duties. He spent his day among the sick, snatched a rest in the afternoon, and then camped near his patients at night to tend to their needs.[136] It was reported in *The Advertiser* on Tuesday 10 June, four days after Williamson's request for additional help, that 'two nurses from the CBH, were to be sent to Oodnadatta by Tuesday's train, to look after influenza patients in the district'.[137] The 'fortnightly ordinary' (i.e., train) left Port Augusta on Tuesday and arrived at Oodnadatta on Friday 13 June. Williamson had requested one nurse but the CBH sent two, a decision that attested to the seriousness with which they viewed the request. Sister Harvey arrived on the train, but Sister Kelly was called off at Quorn to take care of a serious case of pneumonic influenza at an outback station several miles from the railway line.[138] She arrived at Oodnadatta on the next 'fortnightly ordinary' on 26 June (see Figure 4.13).

Figure 4.13: Sisters Williamson, Harvey and Kelly

Photographer: M. Williamson 1919, Harland Collection.
Note: The Sisters in formal uniform sport veils, collars and cuffs that indicate their rank.

Dr Bothwick, health officer for Adelaide, reported on 10 June that there were fresh cases of influenza in South Australia and that the mortality rate had increased from five to thirteen per cent of those with pneumonic influenza, over the last few weeks.[139] In a recent

[136] Harland, diary entry, 9 June 1919.

[137] 'The Influenza Pandemic', *The Advertiser,* 10 June 1919, 9.

[138] 'Help for Aborigines', *News* (Adelaide), 29 October 1927, http://nla.gov.au/nla.news-article129225323.

[139] 'The Influenza Pandemic', *The Advertiser,* 10 June 1919, 9.

study, Peter Curson and Kevin McCracken, researchers from the Department of Human Geography at Macquarie University, reported that a second wave of influenza that peaked in Australia in June and July 1919 was far more virulent than the first wave in February–March 1919.[140] This coincided with influenza reaching Oodnadatta. The spread of influenza from the urban centres into smaller, more remote communities may also have contributed to an increase in mortality. Epidemiologists John Brundage and Dennis Shanks from Queensland University's School of Population Health explained that people living in relatively closed communities, with crowded living conditions, reduced access to medical aid, and 'abundant secondary invaders' (i.e., bacteria), had a higher mortality rate from the pandemic than the general public.[141]

After Sister Williamson returned to duty on 18 June, Harland became concerned about his own chances of survival, perhaps as a result of the increased virulence of influenza and rise in mortality.[142] Exhaustion may also have played a part in his mental state. He and Williamson had been inoculated before heading into the inland. Perhaps Williamson's illness and the seriousness of Cleary and others' illnesses caused Harland to consider his own mortality. In any case, he was so worried that, on the morning Williamson returned to work, he **'**wrote letters to his family and drafted [his] directions as to distribution of [his] personal property'.[143] He was clearly getting his affairs in order.

Dick Gillen, Arrernte cattleman and Harland's valued guide (see Figure 4.13), 'complained of being unwell' on 18 June. Within two days he was running a high temperature and then 'took a turn for the worse'.[144] Harland watched over him, sitting up at night and tending the fire. Williamson advised Harland to apply eucalyptus oil, as it was a popular treatment among Aboriginal people. A traditional application, it was used as a body rub to protect against disease, to aid breathing and to reduce rheumatic pain.[145]

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[140] Curson and McCracken, 'An Australian Perspective', 103.

[141] Brundage and Shanks, 'Deaths from Bacterial Pneumonia', 5. Dennis Shanks, Alison MacKenzie, Ruth McLaughin, Michael Waller, Peter Dennis, Seung-eun Lee and John Brundage, 'Mortality Risk Factors during the 1918–1919 Influenza Pandemic in the Australian Army', *Journal of Infectious Diseases* 201, no. 12 (2010):1886, accessed 7 December 2016, doi: 10.1086/652868.

[142] Harland, diary entry, 18 June 1919; Williamson was nursing in Sydney in late 1918 when pneumonia influenza was seriously effecting the town and free inoculations were administered. *The Advertiser* (Adelaide) 23 November 1918, 11; John Ross, ed. *Chronicle of Australia* (Adelaide, SA: Jacques Legrand Publishers, 1993).

[143] Harland, diary entry, 19 June 1919.

[144] Harland, diary entries, 19–23 June 1919.

[145] Williamson to Harland 15 August 1919, Harland Collection.

Under Williamson's guidance, Harland also applied a linseed poultice to Gillen's chest to draw out toxins.[146] Gillen's condition worsened over the next few days. When his temperature rose to 40 °C (104 °F)[147] he became delirious, so Harland applied a cold compress to his forehead and hot compresses on his feet, while he reassured him and adjusted his blankets.[148]

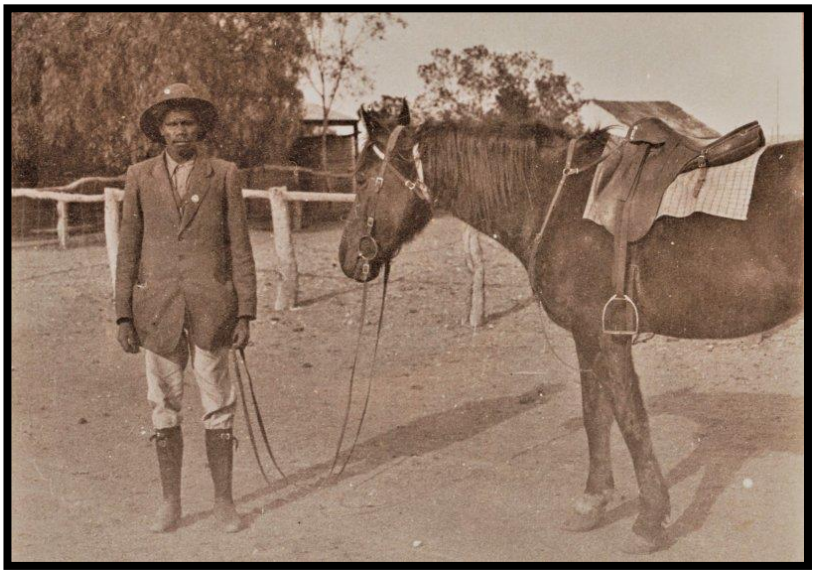

Figure 4.14: Dick Gillen, Cattleman and Harland's Valued Camel Man and Guide

Photographer: M. Williamson, Oodnadatta 1919.

Note: prior to Harland's arrival, Dick Gillen worked with Bruce Plowman and Skipper Partridge the two camel patrol padres who preceded Harland in the central district.

Harland asked Tackaberry on 20 June if he could assist with shifts, but Tackaberry declined.[149] Harland and Williamson had visited him to place requests, so Harland's comment that Tackaberry 'had developed a diplomatic cold [and] stayed in bed … Sister did his work'[150] was a pointed one. The area Williamson was responsible for extended beyond Oodnadatta to outlying stations, a large responsibility for one person during a crisis such as that presented by the pandemic.[151]

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[146] Pearce, *A General Textbook of Nursing*, 116–17; Museum Victoria, 'Pneumonia Jacket'; Wilcox, *A Manual of Fever Nursing*, 71–73; Williamson to Harland, 15 August 1919.

[147] Harland, diary entries, 21–23 June 1919.

[148] Ibid.; Wilcox, *A Manual of Fever Nursing*; Department of Public Health, 'Influenza', *The Australasian Nurses Journal* (New South Wales), 15 April 1919, Harland Collection.

[149] Harland, diary entries, 6, 20, 28 June 1919; Williamson, letters, Harland Collection; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector 23 June 1919.

[150] Harland AIM talk.

[151] Williamson to Wallace, 1920. Harland diary entries June to August, 1919, Harland Collection; Kathleen McKinnon to Williamson, July 1919 Harland Collection

While time, distance and remoteness created delays in providing care, this did not diminish the quality of care that was provided. The small community improvised with the few resources they had available and provided holistic patient-centred care and treatments that supported healing. Assistance and support provided by community members was essential to effectively maintain care for all the patients during the first month.[152]

The Journal (Adelaide) announced on 20 June that 'fewer cases of influenza are being reported to the Central Board of Health and several isolation hospitals are closing'. It also reported that 'Oodnadatta was again back to normal'.[153] However, this was not the case. New patients were still emerging and both Cleary and Gillen were still seriously ill.[154]

Not only was Oodnadatta not back to normal, on 23 June influenza began to appear in the Aboriginal camps beyond the township boundary. There were no recorded of deaths from pneumonic influenza in Oodnadatta's non-Aboriginal population during the two month period but a number of patients were seriously ill. [155] There were far more cases of severe and critical pneumonic influenza among Aboriginal patients during the second month from late June to late July than during the first month.[156] (This is examined in Chapter 6) Chapter 5 examines factors that affected the health and wellbeing of Aboriginal people and circumstances that contributed to a more severe response to the influenza pandemic.

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[152] Influenza was first noted on 31 May and there were still European, Afghan and Chinese patients in the first week of July 1919. Harland, diary entries, 31 May – 1 July 1919.

[153] 'Fewer Cases Reported', *The Journal* (Adelaide), 20 June 1919, 1, http://nla.gov.au/nla.news-article204715145.

[154] Harland, diary entries, June 1919.

[155] Without Williamson's AIM reports there is no record of non-Aboriginal deaths in Oodnadatta. No other evidence has surfaced through extensive searching in news reports, Central Board of Health records, National Library of Australia archives or from the Harland collection or Bullen field notes.

[156] Ibid.; Kramer, *Australian Caravan Mission*, 3–4.

Chapter 5
Influenza Reaches the Aboriginal Camps

Harland and Williamson were fully engaged organising care for influenza patients in and around town and the surrounding area when, on 23 June, after three weeks of pandemic influenza circulating within Oodnadatta, word came that influenza had spread to the Aboriginal camps around the perimeter of the remote railway settlement.[1] Europeans within the main settlement had, for the most part, been cared for in their own homes; only a small number were being cared for at the old hospital,[2] and no influenza patients were being cared for at the AIM hostel.[3] With only one ward, its rules stipulated that no infectious patients could be cared for in the facility.[4] Afghan and Chinese patients had also been cared for within their own homes, but such home-based care was not practicable for Aboriginal patients, the majority of whom lived in low brush-covered shelters out from the township boundary. For reasons that are outlined below, the majority of Aboriginal influenza patients were not cared for within the central township; their care demanded a different solution.

This chapter commences with a picture of life in the area of Utnadata,[5] now known as Oodnadatta before the arrival of non-Aboriginal people. It examines how Aboriginal people whose home territory incorporated country to the west of Kati Thanda (Lake Eyre) lived, thus creating a basis for understanding how their lives changed with the entry of non-Aboriginal people to northern South Australia. The effects of these changes on the health of Aboriginal people and the state of Aboriginal camps in the vicinity of Oodnadatta in 1919 is examined. It highlights the extent to which changes in living conditions over the previous half century had left Aboriginal people susceptible to infectious diseases such as pneumonic influenza.[6] The response to influenza when it first

[1] Harland, diary entries, 17–28 June 1919; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June 1919; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 24 June 1919.

[2] This was the boarding house where Sister Main cared for patients from 1907 before the AIM hostel was completed in 1911 as discussed in Chapter 2. Sister Main, 'Report', *Outback Battler*.

[3] Tom Cleary, Bully Harvey and Dick Gillen, an Arrernte man, were being looked after at the old hospital. Harland, diary, several entries, Harland Collection.

[4] The AIM hostel at Oodnadatta is examined in Chapter 2. Flynn, 'Blank Draft Rules for AIM Homes'.

[5] Utnadata – flower of the Mulga, Shaw and Gibson, *Aboriginal history of the Oodnadatta Region.*

[6] The train line was opened and Oodnadatta became a settlement in 1891. For further detail refer to Chapter 2.

arrived in Aboriginal camps, including the care Aboriginal people received, is examined. The chapter concludes with the preparation of a tent hospital that proved to be the saviour for many Aboriginal patients.

Life before Non-Aboriginal People Entered Northern South Australia

Before the arrival of Europeans and other non-Aboriginal people to the north of South Australia, anthropologists and historians agree that Aboriginal people had lived a sustainable lifestyle[7] with a balanced mixed diet.[8] They travelled in small groups over their large homelands, nurturing and caring for country and all within it.[9] Richard Helms, zoologist and botanist for the 1871–1872 Elder's expedition, explained that Aboriginal people moved freely to take advantage of the erratic climate and precious water sources,[10] for food production, to collect bush food and medicines, to nurture the land, for celebrations, and for spiritual reasons or trade. His views have been supported by more recent anthropological research by William J. Ellwood, John B. Campbell and George J. Susino from James Cook University. Also Bruce Pascoe, Bill Gammage and Charles Massey have demonstrated that extensive nurturing and cultivation of country was undertaken by Aboriginal people throughout Australia prior to the entry of non-Aboriginal people.[11]

Aboriginal people's connection to country is complex.[12] Fred Ah Chee, Aboriginal man from Oodnadatta, described the deep connection to country in an interview with Jenn Gibson. Of his people, he said: 'their heart is the land and their body is the land and the

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[7] Helms, 'Anthropology of the Elder Exploring Expedition', 232–37.

[8] Broome, *Aboriginal Australian*s, 61–62; see also Janice Reid and Peggy Trompf, *The Health of Aboriginal Australia* (Sydney: Harcourt Brace Javonovich, 1991).

[9] Philip Clarke, *Australian Plants as Aboriginal Tools* (NSW: Rothenberg, 2012), chapter 4; Paul Memmott, *Gunyah, Goondie and Wurley: The Aboriginal Architecture of Australia* (St Lucia, Qld: University of Queensland Press, 2007). 5

[10] Helms, 'Anthropology of the Elder Exploring Expedition', 232–37; Basedow, *Notes on Some Native Tribes of Central Australia*, comp. David M. Welch (Virginia, NT: David M. Welch, 2008), 8–17.

[11] William J. Ellwood, John B. Campbell and George J. Susino, 'Agricultural Hunter-gathers, Food-getting, Domestication and Farming in Pre-Colonial Australia', (2009): 1–8, accessed 6 June 2018, https://researchonline.jcu.edu.au/27882/1/ellwood_etal_2009.pdf. 1–7; Bruce Pascoe, *The Dark Emu*, Broome, (Western Australia: Magabala Books Aboriginal Corporation, 2014); Bill Gammage, *The Biggest Estate on Earth*; *How Aborigines Made Australia*, (Crows Nest, New South Wales, 2012); Charles Massey, *The Cry of the Reed Warbler*, (St Lucia, Queensland: University of Queensland Press, 2007.

[12] Berndt and Berndt, *The World of the First Australians*, 137.

soil … in fact they are part of the earth'.[13] Anthropologist Deborah Bird Rose explained that Aboriginal people have deep connections to the earth, environment and universe, and all within.[14] As Clarke observed, this is because Aboriginal people saw 'the entirety of people, plants, animals and land … [all] shared origins in the creation traditions'.[15] This holistic view of life flowed to their health system, which incorporated all of the components of the universe, including those of the past, present and future. These were (and are) seen as equally valuable. To be kept in balance, they had to be nurtured to ensure that the person, community and universe, and all within, remained healthy.[16]

Over many thousands of years, Aboriginal people built an extensive knowledge of the medicinal properties of botanicals and other products of country.[17] Anthropologist and geologist Alfred William Howitt noted that they also developed a deep knowledge and understanding of the climate, astronomy, land, water, fauna, flora and how these elements interacted with each other.[18] The arid land and harsh climate of the Kati Thanda district and the desert regions of central Australia demanded careful use of precious commodities.[19] Rose reported that Aboriginal people learned to work with the erratic climate, tending the land to preserve the precious resources to ensure there was always enough for themselves and others and for the following season.[20]

Water is a precious commodity in the desert. Howitt explained that Aboriginal people of Australia's desert areas had expert skills in locating and obtaining water from waterholes and soaks and, when necessary, from plants and creatures.[21] A day's journey had to be

[13] Fred Ah Chee in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 89.

[14] Rose, *Nourishing Terrains*, 7–10.

[15] Clarke, 'Aboriginal Healing Practices', 10.

[16] Synthesis of the writings of Deborah Bird Rose, *Nourishing Terrains*, 49; Nathan and Japanangka, *Health Business*, 73; Berndt and Berndt, *The World of the First Australians*, 15.

[17] Clarke, 'Aboriginal Healing Practices', 4, 13.

[18] Howitt, 'Dieri and Other Kindred Tribes of Central Australia', 51, quoted in Berndt and Berndt, *The World of the First Australians*, 153.

[19] Tyler et al., *Natural History of the North East Desert*, 81–84.

[20] Rose, *Nourishing Terrains*, 49, 76; Richard Kimber, 'Beginnings of Farming? Some Plant-Animal Relationships in Central Australia', *Mankind* 10, no. 3 (1976): 142–51, quoted in Rose, *Nourishing Terrains*, 53–54; Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains*, 108–09.

[21] Howitt, 'Dieri and Other Kindred Tribes of Central Australia', 51, quoted in Berndt and Berndt, *The World of the Fist Australians*, 153.

planned around the availability of water.[22] As Berndt observed, in the desert country of Australia 'water means life' and travel is measured in 'so many waters', unlike coastal areas where travel is measured by 'so many sleeps'.[23] Waterholes were protected by traditional law and were kept clean and, where necessary, they were covered to preserve their contents.[24]

Aboriginal people of central Australia have been described as resilient, owing to their ability to adapt to extreme climate variations—from ice to desert sands.[25] Archaeologist Mike Smith explained that Aboriginal people have been living in the arid interior for more than 35,000 years a period that included a major ice-age,[26] and Archaeologists Chris Clarkson, Zenobia Jacobs and Collin Pardoe discovered that Aboriginal people had been interacting with the environment in Northern Australia for at least 65,000 years ago.[27] While Christopher Klein from University of Cambridge explained that there is rich DNA evidence supporting the fact that Australian Aboriginal people are one of the oldest civilizations on the planet and have the oldest continuous culture on earth.[28]

According to Shaw, Aboriginal people of the area just west of Kati Thanda, an area that that includes Oodnadatta, lived in relatively small groups mainly camping near

[22] When on his visitations, Harland planed each day's journey to ensure there was water and feed for his camels and, in cases where water was scarce, he would travel in the cool of morning and evening to reduce the requirement for the vital fluid.

[23] Berndt and Berndt, *The World of the First Australians,* 110.

[24] Macfarlane, 'Entangled Places', 188; Macfarlane, 'A Water History'.

[25] Griffiths, *The Art of Time Travel,* 314–16. Griffiths discusses the work of Mike Smith, *Peopling the Cleland Hills: Aboriginal History in Western Central Australia 1850-1980* (Canberra: Aboriginal History Monograph 12, 2005), 84.

[26] Mike Smith, *The Archaeology of Australia's Deserts*, (Cambridge: Cambridge University Press, 2013) 336. In Griffiths, *The Art of Time Travel,* 307; Mike Smith and P Hesse, eds. 23˚S: Archaeology and Environmental History of the Southern Deserts, (Canberra: National Museum of Australia Press, 2005).

[27] Bill Gammage, *The Biggest Estate on Earth: How Aborigines made Australia,* xxii; Chris Clarkson, Zenobia Jacobs and Collin Pardoe, 'Human Occupation of Northern Australia by 65,000 years Ago', *Nature* 517, 20 July 2017, 306-310, accessed 27 August 2018, https://www.nature.com/articles/nature22968

[28] Christopher Klein, 'DNA Study Finds Aboriginal Australians World's Oldest Civilization', *Journal Nature*, 23 September 2016, 1–4, accessed 11 April 2018, http://www.history.com/new/dna-study-finds-aborgnal-australians-worlds-oldest-civilization; Australian Geographic, 'DNA Confirms Aboriginal Culture One of Earth's Oldest', 23 September 2011, accessed 6 June 2018, http://www.australiangeographic.com.au/news/2011/09/dna-confirms-aboriginal-culture-one-of-earths-oldest.

waterholes or soakages.[29] They built small circular wurleys for protection from insects, dust, sun or cold.[30] A small circular domed frame was created by inserting branches into the earth.[31] This is seen in Figures 5.1–5.4. The frame was then wrapped in a combination of small branches, brush, saltbush, reeds or grasses. An opening on one side was then draped with skins, brush or available material as illustrated in Figures 5.5–5.6. [32] The earth beneath formed the floor; stones were swept away with leafy branches to leave a softer sandy surface as can be seen in Figure 5.3.[33] Philip Clarke supports this view but also explains that Aboriginal people preferred to be in the open air and to sleep outside when weather and insects permitted. Small fires were lit for spiritual reasons, to cook food, deter insects and to keep warm[34] or to provide light at night.[35] It would appear that this type of structure had served as accommodation for the local Aboriginal people for thousands of years and they continued to make their wurleys after the coming of non-Aboriginal people but they then often incorporated introduced materials.[36] Moreover, their belief systems and customs also continued—and still form a vital part of their life, health and healing practices.[37]

[29] Harland and Williamson, letters and photographs, Harland Collection; also see *Shaw, Our Heart is the Land, 16–17*; R. W. Ellis, *Aboriginal Culture in South Australia* (South Australia: D. J. Woolman, Government Printer, 1978), 6–7.

[30] Harland photographs, Harland Collection; photographs and notes 2013, Bullen Field Notes; Clarke, *Australian plants as Aboriginal Tools*, 69.

[31] Harland photographs, Harland Collection; photographs 2013, Bullen Field Notes.

[32] Clarke, *Australian Plants as Aboriginal Tools*, 65.

[33] Ibid. 69.

[34] Harland Collection; Bullen Field Notes and photographs; Basedow, *Notes on Some Native Tribes of Central Australia* referred to a small fire as a good fire; also see Clarke, *Australian Plants as Aboriginal Tools*, 76, 96.

[35] 'The Far North and Beyond', *Quorn Mercury*, 19 December 1919, 4.

[36] Harland photographs and diary entries, Harland Collection. Finlayson, *Life and Journeyings*13, 14.

[37] Photographs, Bullen Field Notes, 2012.

Figure 5.1: Wurley Frame Far North South Australia

Photographer: H. Bullen, August 2012, Bullen Field Notes.
Note: branches from local bushes or trees were used to form the domed frame of the wurley.

Figure 5.2: Similar Frame with Stones Removed to Reveal Sandy Surface

Photographer: H. Bullen, August 2012, Bullen Field Notes.

Figure 5.3: Wurley Remains with Soakage

Photographer: H. Bullen, August 2012, Bullen Field Notes.

Figure 5.4: Camp Site Far North South Australia

Photographer: H. Bullen, August 2012, Bullen Field Notes.

Figure 5.5: Aboriginal Camp Oodnadatta

Photographer: Harland, c. 1919, Harland Collection.
Note: Wurley in background and camp and shelter with hessian bags and other materials.

Figure 5.6: Mother and Baby in Wurley

Photographer: Harland, Oodnadatta c. 1919, Harland Collection.
Note: Stitched hessian bags were used to cover the opening; this would have replaced natural materials such as skins or bark.

The Colony of South Australia is Opened and Aboriginal Life Begins to Change

With the coming of non-Aboriginal people to South Australia, life for Aboriginal people began to rapidly change. These changes affected their health, wellbeing and response to disease. [38] According to Broome, the newcomers came for commercial purposes; they saw land as a commodity to be exploited—to be bought and sold for profit.[39] Disharmony in Britain, population pressure and diminishing resources saw the British Empire

[38] Mattingley and Hampton, *Survival in Our Own Land*, ix.; Henry Reynolds, *Frontier: Aborigines, Settlers and Land* (North Sydney, NSW: Allen & Unwin, 1987), 83; Berndt and Berndt, *The World of the Fist Australians*

[39] Broome, *Aboriginal Australians*, 37; Geoff Manning, 'Insight into South Australian History: Betrayal of Aboriginals in Colonial South Australia', 4–5 (private copy)

searching for new land.[40] In the initial plan to take and sell land, no consideration was given to the existing Aboriginal population of the region. However, a strong humanitarian movement in Britain viewed the unethical treatment of Australian Aboriginal with dismay.[41] They rallied the British Government to properly protect the rights of Aboriginal people.[42] As a consequence, the 1834 Act to legally create the province of South Australia included letters patent by King William IV stipulating that Aboriginal people's rights were to be protected and that they were to receive fair compensation for land they sold voluntarily.[43]

However, when South Australia was established as a colony in 1836, Aboriginal people were not compensated for their losses.[44] Land was sold under the auspice that it was unoccupied and uncultivated.[45] Once again, the great southern land was deemed 'terra nullius'[46] or unowned, uncultivated land. As Stuart Macintyre argued, to the new comers, 'Australia had no visible past'.[47] They were looking for the 'man made things', but there were no grand buildings, roads or fences, or signs that they recognised as cultivation of land.[48]

As Deborah Bird Rose has argued, Aboriginal systems of land use and cultivation were not comprehended by Europeans.[49] The two economic systems and lifestyles belonged to different paradigms. The British economic system was built on individual ownership and competition, with a class structure that created an unequal proportioning of assets. At the

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[40] Hollinsworth, *Race and Racism in Australia*, 67–68.

[41] Mattingley and Hampton, *Survival in Our Own Land*, xi.

[42] Hollinsworth, *Race and Racism in Australia*, 76.

[43] Foundingdocs, 'Letters Patent Establishing the Province of South Australia, 19 February 1836', accessed 28 December 2017, https://www.foundingdocs.gov.au/resources/transcripts/sa2_doc_1836.pdf; Australian Law Reform Commission, 'Recognition of Aboriginal Customary Laws' (ALRC Report 31), 12 June 1986, accessed 28 July 2018, https://www.alrc.gov.au/publications/report-31.

[44] Mattingley and Hampton, *Survival in Our Own Land*, 3; Manning, 'Insight into South Australian History', 4–5.

[45] Rose, *Nourishing Terrains*, 17; Council for Aboriginal Reconciliation, 'Terra Nullius', accessed 6 June 2018, http://www5.austlii.edu.au/au/orgs/car/docrec/policy/brief/terran.htm; Reynolds, *The Law of the Land*, 32; Manning, 'Insight into South Australian History', 4–5.

[46] Reynolds, *The Law of the Land,* 164.

[47] Ibid.

[48] Ibid.

[49] Rose, *Nourishing Terrains*, 11; Ross Gibson, 'Formative Landscapes', quoted in Rose, *Nourishing Terrains*, 18; W. E. H. Stanner, *White Man got no Dreaming* (Canberra: ANU Press, 1979).

time, because of shortage of arable land in their own country, the newcomers had the opinion that leaving land in its natural form was wasteful. Their view was that arable land should be under agriculture.[50] In contrast, Aboriginal people aimed for sustainability and cooperation without individual ownership, with agricultural techniques honed over thousands of years. They maintained a relatively small population that ensured they had a readily available food supply that did not require intensive farming techniques.[51] The Aboriginal way of life was (and still is) holistic, with methods of propagation, harvest, preservation of crops and access built into their traditional belief system and life way.[52] Land was nurtured to encourage the continued growth of the food and medicinal plants for all inhabitants of country.

The majority of arable and serviceable land around Adelaide was sold to non-Aboriginal people by 1837 without treaty, payment or compensation.[53] In the process, Aboriginal peoples' belief system and 'their character were debased' and diseases were introduced to which they had no immunities.[54] This caused depopulation.[55] A temporary protector of Aborigines was appointed in 1837 to protect the interests of Aboriginal people but their situation did not improve. That same year, Protector Stevenson organised a series of reserves for Aboriginal people to protect them from violence and harassment and to encourage cultivation, civilisation and Christianisation.[56] Henry Reynolds explained that the philanthropists and humanitarians who were part of the Christian missionary movement were concerned with the poor health and dwindling Aboriginal population, and were searching for a solution to protect them.[57] There was little they were able to achieve, but they saw Christianity as the most valuable gift they could give.[58] However,

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[50] Brock, *Outback Ghettos*, 4.

[51] Ibid.

[52] Rose, *Nourishing Terrains*, 10; Pascoe, *The Dark Emu*, Gammage, *The Biggest Estate on Earth*; *How Aborigines Made Australia*, Massey, *The Cry of the Reed Warbler*.

[53] Mattingley and Hampton, *Survival in Our Own Land*, xi, 3.

[54] Ibid., xi*;* Shaun Berg, ed., *Coming to Terms: Aboriginal Title in South Australia* (Kent Town, SA: Wakefield Press, 2010).

[55] The 1838 Select Committee of the House of Commons on Aboriginal Tribes (British Settlements), quoted in Mattingley and Hampton, *Survival in Our Own Land*, x.

[56] Tom Gara, ed. *Journal of the Anthropological Society of South Australia* (special issue) 28, no. 1&2, (December 1990).

[57] Henry Reynolds, *Frontier: Aborigines, Settlers and Land* (North Sydney, NSW: Allen & Unwin, 1987), 83.

[58] Manning, 'Insight into South Australian History', 4–5; also see Reynolds, *The Law of the Land*, Chapter 5.

as Mattingley and Hampton explained, missionaries and the general population did not recognise that Aboriginal people's own way of life was a valid one;[59] they wrongly assumed that Aboriginal people would welcome Christianity and the colonial style of life in place of their homelands, long-held spiritual belief system, lifestyle and traditions. Missions were established in the south and north-east of the state but none were established in the far north at Oodnadatta until 1924.

The Overland Telegraph Line Stretches North Drawing Newcomers into Arid Lands

Australia was isolated not only by distance but also by communication. To reduce the time for news to reach Australia from Britain, a cable was laid under the oceans and connected to a telegraph line that had been stretched between Port Augusta in South Australia and Darwin in the Northern Territory of South Australia in 1872.[60] The laying of the Overland Telegraph Line saw the drier areas around the Flinders Ranges and beyond opened to pastoralists.[61] The country was unfamiliar; the shapes and colours of the terrain, viewed through the harsh light from the Australian sun, were unusual; the soils and plants were different. The newcomers brought familiar plants from the old country and, having no understating of the land's capability or climate, they brought thousands of sheep and other introduced animals and overstocked the land.[62] Introduced stock and overgrazing damaged the land and, within a few years, the newcomers noticed differences in the land as the 'disturbance of the soils gave way to opportunistic weeds'.[63]

According to Broome, the newcomers did not recognise Aboriginal farming methods and had little or no understanding of the fragility of the soils, plants and natural water, or of the erratic climate of the arid lands.[64] By the time work commenced on the great northern rail line in 1882, pastoralists were struggling with the harsh climate and long dry periods. Gennaro Vecchio from the Bureau of Meteorology pointed out that severe droughts and

[59] Mattingley and Hampton, *Survival in Our Own Land*, ix.

[60] Flinders Ranges Research, Overland Telegraph Line, accessed 6 June 2018, https://www.southaustralinhistory.com.au/overland.htm; also see Tyler et al., *Natural History of the North East Deserts*; Shaw, *Our Heart is The Land*.

[61] Gennaro Vecchio, 'History of Meteorology in South Australia to 2001', Regional Office, Australian Government Bureau of Meteorology Report, 7–8, last updated 2002, (private copy)

[62] Hollinsworth, *Race and Racism in Australia*, 35.

[63] Crosby (1986), quoted in Broome, *Aboriginal Australians*, 37.

[64] Broome, *Aboriginal Australians*, 9; Gammage, *The Biggest Estate on Earth*.

floods that occurred intermittently during the early 1880s forced many farmers off the land.[65] As Latz explained, introduced animals required far more water and feed than the native animals of the area,[66] so the waterholes were drained and the lands dried; at the same time, the 'cloven hooves of the introduced animals pounded the soil compacting the surface', preventing the plants from returning.[67] This led to reduced traditional food supplies for Aboriginal people and limited availability of water in their homelands.[68]

Latz, Shaw and others emphasised that land and life was severely affected with the entry of non-Aboriginal people[69] and that, because of this, many Aboriginal people were forced to move closer to places of European habitation. With the coming of the Overland Telegraph Line and Great Northern Railway that cut through Arabana country, Aboriginal people moved close to telegraph stations, settlements and homesteads to obtain work and to supplement bush foods.[70]

Expeditions to Build Knowledge of a People and Their Homelands

The number of Aboriginal people in South Australia decreased dramatically following the arrival of Europeans. Charles Darwin's theory of natural selection, which Hebert Spencer later interpreted as 'survival of the fittest', became a convenient explanation as to why Aboriginal populations appeared to be diminishing.[71] 'Survival of the fittest' absolved people of the responsibility of the actual factors that led to a reduction in

[65] Vecchio, 'History of Meteorology in South Australia', 7.

[66] Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains,* 77.

[67] Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains,* 66, 77; also see Cleland, 'The Ecology of the Aboriginal', in Cotton, ed., *Aboriginal Man*, 111–58; Broome, *Aboriginal Australians,* 39–42.

[68] Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains,* 66; also see SRSA GRG 23/1/323/813/1919; Shaw, *Our Heart is the Land*, 29, 49, 50–52.

[69] Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains,* 66, 77–80; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 93.

[70] Helms, 'Anthropology of the Elder Exploring Expedition', 232–37; Taplin, *Folklore, Manners, Customs and Languages,* quoted in Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region, vol. 1,* 21; Howitt, 'Dieri and Other Kindred Tribes', quoted in Berndt and Berndt, *The World of the Fist Australians,* 107–08; Howitt, *Native Tribes of South East Australia,* 32, 48, 139.

[71] Charles Darwin, *The Origin of Species* (1858), 2; Herbert Spencer, *A System of Synthetic Philosophy* (London: Williams and Norgate, 1855–1898); Heather Scoville, 'Survival of the Fittest?', ThoughtCo, accessed 6 September 2017, http://www.thoughtco.com/survival-of-the-fittest-1224578; Australian Law Reform Commission, 'Recognition of Aboriginal Customary Laws'; L. Hercus and P. Sutton, *This is What Happened* (Canberra: Australian Institute of Aboriginal Studies, 1986); also see Reynolds, *The Law of the Land*; Broome, *Aboriginal Australians,* 108.

population.[72] By 1880, with a continued decline in the Aboriginal population, survival of the fittest melded into a doomed race theory. The idea that Aboriginal people were doomed to extinction was widely accepted by government and the non-Aboriginal population.[73] It was not until the 1930s that the doomed race theory came under scrutiny.[74]

From the 1880s, Aboriginal people became the object of scientific expeditions in a race to discover their origins before they died out. From the early decades of the twentieth century, they were understood to be 'primitive Caucasian ancestors' rather than a primitive form of man, or 'savages' as they had been previously labelled,[75] and were seen to hold the keys to human existence. For Europeans, the possibility of their dark-skinned Caucasian ancestors disappearing when so little was known of them spurred anthropologists, medical scientists, ethnographers and others to travel north from Adelaide or Melbourne to examine the remote Aboriginal people who had had little association with European civilisation.[76] They sought to discover the origins of the 'Aboriginal race', to classify their 'physical types and mental differences',[77] and to investigate their lifestyle, language, tools and belief systems.[78] The expeditions to central and northern Australia followed three main pathways through South Australia. Two favoured pathways passed through sparsely populated areas of desert. One route traversed west from Adelaide[79] then journeyed north and passed through the desert home of the Antakarinja people.[80] The most direct route from Melbourne travelled north and traversed the east side of Kati Thanda past several traditional homelands before reaching the homelands of Wankangurru people, then turning west to enter the home of lower southern

[72] Broome, *Aboriginal Australians*, 106.

[73] Hollinsworth, *Race and Racism in Australia*, 83.

[74] Russell McGregor, *Imagined Destines: Aboriginal Australians and the Doomed Race Theory* (Melbourne: Melbourne University Press, 1997); Hollinsworth, *Race and Racism in Australia*, 105.

[75] Anderson, *Cultivation of Whiteness*, 193–194, 196–198.

[76] Ibid, 194–203.

[77] Darwin, *The Origin of Species*, 2; Spencer, *A System of Synthetic Philosophy*; Broome, *Aboriginal Australians*, 106.

[78] Anderson, *Cultivation of Whiteness*, 195; also see T. H. Huxley, 'Survival of the Fittest', quoted in Anderson, *Cultivation of Whiteness*, 195; Norman B. Tindale, 'Anthropology', in *Ideas and Endeavours: The Natural Sciences in South Australia*, eds C. R. Twidale, M. J. Tyler and M. Davies (Adelaide: Royal Society of South Australia Incorporated, 1986), 235–49.

[79] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 7–10.

[80] Elkin, 'Social Organisation of South Australian Tribes', quoted in Cotton, ed., *Aboriginal Man*, 45.

Arrernte people.[81] The third, less popular passage, traversed the west side of Kati Thanda and followed the line of the mound springs that were an ancient trade path of Aboriginal people.[82] This route passed through the homelands of the Arabana people whose country included Oodnadatta.[83] This became the route of the Overland Telegraph Line, of mining and pastoral ventures and, later, the northern rail line and the township of Oodnadatta. This route was not the focus of most scientists, as Aboriginal people were known to be working with non-Aboriginal people and were no longer living purely 'traditional' lives.[84] However, once the rail line was established in 1891, some expeditions commenced with a rail journey to Oodnadatta.

One consequence of greater interaction between Aboriginal and non-Aboriginal people was that the number of children of mixed Aboriginal descent grew. Laws enacted during the late 1800s and early 1900s focused on restricting relationships between Aboriginal people and people from other nationalities and the *State Children Act 1895* led to the removal of Aboriginal children.[85] Such legislation had a detrimental effect on the freedom and living conditions of Aboriginal people and caused major distress to families.

The 1895 Act was strengthened by the South Australian Government with the *Aborigines Act 1911*, which tightened protection and control provisions and gave the protector of Aborigines the legal guardianship of all Aboriginal people under the age of twenty-one.[86] It also gave control of almost every aspect of the lives and movements of Aboriginal people to the chief protector or his deputies, leaving people powerless to affect changes or make decisions.[87] Clause 31 stipulated where people could reside in relation to

[81] Spencer and Gillen, *Native Tribes of Central Australia* (London 1899); Spencer and Gillen, *Across Australia*, quoted in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region,* 39–40.

[82] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 8.

[83] Helms, 'Anthropology of the Elder Exploring Expedition'.

[84] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 99.

[85] Robert Moles, ed., 'Trevorrow v State of South Australia [2007] SASC285', accessed 6 June 2018, http://netk.net.au/Aboriginal/Aboriginal37.asp.

[86] *Aborigines Act 1911* (South Australia).

[87] Australian Law Reform Commission, 'Recognition of Aboriginal Customary Laws'; also see D. Cole, 'The Crimson Thread of Kinship: Ethnic Ideas in Australia', Historical Studies 14, no. 56 (April 1971): 511–25, quoted in Broome, Aboriginal Australians, 101. The idea of keeping 'the race pure' led to the *Immigration Restriction Act 1901*, known as the 'White Australia Policy'.

townships and limited their access to those urban centres. Townships had a nominal boundary and it specified that Aboriginal camps should be beyond the boundary.[88]

The Aboriginal People of Oodnadatta

Aboriginal people from different language groups joined Arabana people at Oodnadatta. Arabana people had always lived along the rivers, creeks and soakages that surrounded the area that became Oodnadatta. With changes to the traditional food supply, hunting grounds and extended dry periods, traditional wurleys became permanent fixtures around the outskirts of the township.[89] Anthropologists Baldwin Spencer and Francis Gillen determined that members of Wankangurru language group came into Oodnadatta from the north-east deserts in the early 1890s.[90] In 1899, Spencer and Gillen placed Lower Southern Arrernte people from the north at Oodnadatta.[91] Aboriginal people generally still had access to their traditional country in the arid lands but changes to land use and occupation affected the quality of land, products and available area.[92] Anthropologist A.P. Elkin and others noted that Antakarinja people from the western deserts moved east towards Oodnadatta after 1915.[93] This may have been a normal rotation, but Shaw and Gibson suggested that a series of extremely dry periods lasting through 1914–1915 and from 1917 may have caused the eastward movement of desert dwelling groups.[94] According to historian Tom Gara, Antakarinja people arrived at Oodnadatta area around 1917, only a couple of years before the influenza pandemic.[95]

It appears that representatives from four main language groups—the Arabana, Wankangurru, Lower Southern Arrernte and Antakarinja people—were camped at

[88] *Aborigines Act 1911* (South Australia).

[89] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 102–103.

[90] Spencer and Gillen, *Across Australia*, quoted in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 39–40.

[91] Ibid.

[92] Harland Collection; Basedow, *Notes on Some Native Tribes of Central Australia*, several entries.

[93] Elkin, 'Social Organisation of South Australian Tribes', quoted in Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region*, 24; also see John B. Cleland and Norman B. Tindale, 'The Natives of South Australia', *Proceedings of the Royal Geographical Society of Australasia, South Australian Branch*, 36 (1936): 47.

[94] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 24–27.

[95] Gara, 'The Spanish Influenza Epidemic', 10–13.

Oodnadatta in 1919.[96] The position of each homeland group camp was indicated by local people during interviews with Jenn Gibson in about 1988.[97] This is consistent with Paul Memmott's later findings.[98] Memmott noted that Aboriginal people who came into townships generally camped in an area that was closest to their homelands.[99] The traditional homelands of the Aboriginal people who camped in the vicinity of Oodnadatta are seen in Figure 5.7, a section of the Australian Institute for Aboriginal and Torres Strait Islander Studies' (AIATSIS) 'Aboriginal Australia Map'.[100] This map was adapted from Norman Tindale's 1974 map and the boundaries may not reflect the linguistic territories of 1919.[101]

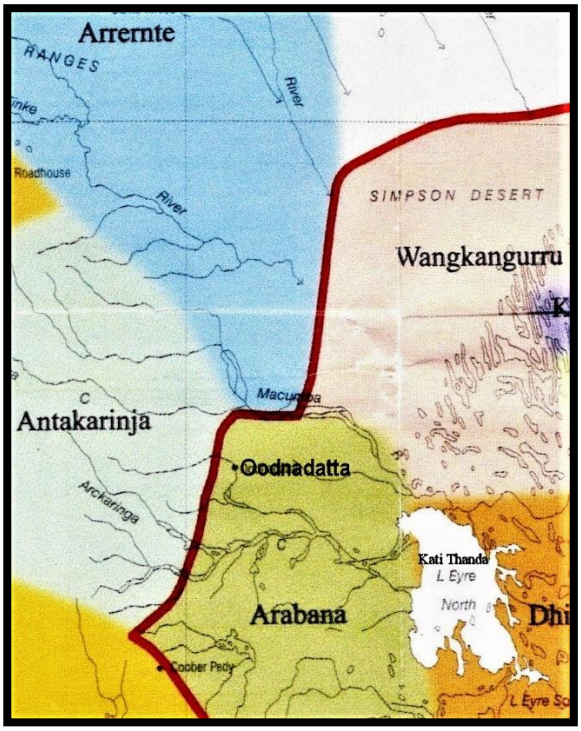

Figure 5.7: Homelands of Aboriginal People in the Vicinity of Oodnadatta

Source: Enlarged section AIATSIS 'Aboriginal Australia Map'. Text added by P. Bullen.
Note: the four groups named on the map were present at Oodnadatta when influenza arrived.

[96] Cleland and Tindale, 'The Natives of South Australia', 47; Elkin, 'Social Organisation of South Australian Tribes', quoted in Shaw and Gibson, *Aboriginal History of the Oodnadatta Region*, 24.

[97] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 86–89; also see Jennifer Gibson, *Some Oodnadatta Genealogies* (Adelaide: Department of Environment and Planning, 1988); Dallwitz and Fazio, *White to Black.*

[98] Memmott, *Gunyah, Goondie and Wurley*, 126.

[99] Ibid.

[100] AIATSIS, Aboriginal Australia map.

[101] Elkin, 'Kinship in South Australia', Oceania 8, (1938), quoted in Tyler et al, Natural History of the North East Deserts, 152; Tindale, *Aboriginal Tribes in Australia.* Refer also to Howitt, *Native Tribes of South East Australia*.

Rapid and Dramatic Changes Leave Aboriginal People Susceptible to Introduced Diseases

The railhead township of Oodnadatta was situated on the open gibber plain.[102] According to Harland and Williamson, Aboriginal people at Oodnadatta were still living in traditional wurleys about a mile out from the nominal town boundary in 1919.[103] Missionary Ernest Kramer noted that 'individual and little groups of low domed wurleys were spread out across the plains close to waterholes and soakages', under the shade of the gidgee trees where it was four to five degrees cooler than out on the open gibber.[104].

The food supply at Oodnadatta was limited and the foods that supplemented or replaced fresh traditional foods were of poor standard. Shaw and Gibson noted that, although Aboriginal people had set up semipermanent camps around the township, they still 'went bush' to collect bush food, medicine and to spend time on country.[105] The effect of land degradation and a drying land meant that Aboriginal people had to travel further from Oodnadatta to obtain bush foods and medicines.[106] Tommy Donoghue, local Wankangurru elder from Oodnadatta, reminisced about 'the country around Oodnadatta having lots of trees … but the wood was cut for heating and rail sleepers and this caused the area to dry out'.[107] Local resident Brian Marks supported Donoghue's view of the land around Oodnadatta drying.[108] Reg Dodd told Jenn Gibson that he longed for bush foods and that he believed his body required them for health.[109] When the influenza pandemic arrived in 1919, it took hold so rapidly that it was difficult for people to travel far enough to collect the natural health products they required.

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[102] Harland Collection; also see 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3, https://trove.nla.gov.au/newspaper/article/212991810.

[103] Harland and Williamson, photographs, diary and letters; also see Tackaberry, letters to Chief Protector.

[104] 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3.

[105] Interviews with Jenn Gibson in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, several entries*;* Shaw, *Our Heart is the Land*, several entries.

[106] Harland, photographs and letters; Williamson, letters, Harland Collection.

[107] Tommy Donoghue interviewed in Shaw, *Our Heart is the Land*, 52. Locals Brian Marks and Reg Dodd agreed with Tommy Donoghue in regard to the land drying out.

[108] Brian Marks in Shaw, *Our Heart is the Land*, 50–51.

[109] Reg Dodd in Shaw, *Our Heart is the Land.* Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 29, 102; Shaw, *Our Heart is the Land*, 52.

By 1919, because of isolation, climate and distance, food supplies at Oodnadatta were generally very limited.[110] Sister Williamson wrote that 'there is … no proper food with milk and eggs difficult to procure and usually only goat meat available. The food is …expensive and necessities fair or unprocurable'.[111] According to Broome, the 'coming in' to stations and townships exposed Aboriginal people to poor food that substituted or replaced natural bush foods.[112] Budget restrictions, transport, distance and the quantities of food required for Oodnadatta's population resulted in 'cheap, portable and non-perishable' foods becoming the staple supply.[113] Broome explained that, for Aboriginal people, the newly improvised diets led to malnutrition, which reduced immunity levels and left people more susceptible to disease.[114]

Changes to traditional practices in relation to skin care and clothing also exposed Aboriginal people to infection. For Aboriginal people of the desert, washing was not a priority; instead, as Clarke explained, Aboriginal people had developed other systems to take care of their skin. Water was precious, especially so during the extended dry period of 1919.[115] Rather than use limited water supplies to wash, Aboriginal people applied fats, oils and other plant or animal products to their bodies to cleanse their skin. This also acted as protection from the sun, wind, disease, insects, pain and illness; as decoration; and provided a connection to the earth.[116] However, in townships and other population centres, non-Aboriginal people often discouraged such traditional practices, leaving the skin unprotected from infection.[117] Aboriginal people who worked in or visited the town were expected to be clothed in line with Victorian attitudes and Christian ideas of decency and modesty.[118] However, as Basedow explained, clothing introduced other concerns. In

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[110] Williamson to de Crespigny, 29 October 1921 (regarding diet at Oodnadatta).

[111] Ibid. (regarding the unsuitability of the climate and food for Tuberculosis patients).

[112] Broome, *Aboriginal Australians,* 57.

[113] Ibid.; also see Tim Rowse, *White Flour, White Power: From Rations to Citizenship in Central Australia* (Cambridge, UK: Cambridge University Press, 1998); Reid and Trompf, *The Health of Aboriginal Australia*.

[114] Broome, *Aboriginal Australians,* 64–65.

[115] Tyler et al., *Natural History of the North East Desert*, 81–84; Shaw, *Our Heart is the Land*, chapter 2; see also Griffiths, *Straight from the Heart*, 21. Griffiths spoke of an eight year drought. 'Australia's Variable Rainfall'.

[116] Clarke, 'Aboriginal Healing Practices', 13.

[117] Tyler et al., *Natural History of the North East Desert*, 81–84; Shaw, *Our Heart is the Land*, chapter 2; see also Griffiths, *Straight from the Heart*. 'Australia's Variable Rainfall'.

[118] Rani Kerin, '"Natives Allowed to Remain Naked': An Unorthodox Approach to Medical Work at Ernabella Mission', *Health and History* 8, no. 1 (2006): 81.

1919, he reported that the availability of clothing was limited so items were often shared between family members or were left on for long periods of time.[119] There were limited facilities for washing, drying or storing clothing in Aboriginal camps and this led to the clothes themselves becoming a health and hygiene issue.[120]

The camps had also changed. The wurleys that had traditionally been temporary shelters became more permanent. According to Basedow, this was because Aboriginal people were restricted in their ability to shift camp as a result of non-Aboriginal land usage.[121] He explained that hygiene was a problem for Aboriginal people living in semipermanent camps close to settlements, because moving camps had allowed the soils to be cleansed.[122]

Wurleys were generally low and did not have head room; however, they often accommodated a number of family members.[123] While little fires provided warmth outside, dogs shared the wurleys, providing heat as people slept.[124] This led to an increased bacterial load in and around the wurleys. Basedow explained in 1919 that family life in such close contact could cause rapid transfer of disease from one person to another.[125] He also stressed that hygiene was a serious issue with influenza, as people were coughing and expectorating, spreading germs among other occupants of the wurley.[126]

John Burton Cleland, who investigated diseases among Aboriginal people, advised in 1928 that unhygienic surroundings contributed to higher rates of illness.[127] He considered that 'extreme exposure to weather conditions, unhygienic surroundings and lack of

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[119] SRSA GRG 23/1/335/87/1922 Aboriginal Department, Dr Herbert Basedow, report to Chief Protector of Aborigines, Second Medical Expedition on Aborigines of Western Costal Tribes Herbert Basedow.

[120] Ibid.; SRSA GRG 23/1/337/330/1922. The detrimental health issues associated with cast-off clothing have been examined by Rani Kerin in relation to Ernabella Mission. See Kerin, '"Natives Allowed to Remain Naked"', 81–85.

[121] SRSA GRG 23/1/335/87/1922; also see John B. Cleland, 'Diseases amongst Aboriginal Australians', *Journal of Tropical Medicine and Hygiene* 31 (1928): 125–30.

[122] SRSA GRG 23/1/337/330/1922.

[123] Harland Collection, photographs; photographs, Bullen Field Notes.

[124] SRSA GRG 23/1/337/330/1922.

[125] Dr Herbert Basedow completed a medical inspection for the Chief Protector; see also SRSA GRG 23/1/335/87/1922.

[126] SRSA GRG 23/1/335/87/1922.

[127] Cleland, 'Diseases amongst Aboriginal Australians', 125.

medical attention' could explain the high death rate from infectious diseases.[128] Recent research by Morans, Taubenberger and Fauci determined that, when abundant bacteria were available, secondary respiratory infection could easily develop, transforming influenza into deadly bacterial pneumonia.[129] As a consequence of colonisation, the wurleys that had always provided protection had become a source of infection.

It is generally understood that Aboriginal people were relatively healthy before the arrival of Europeans and that many contagious diseases to which Aboriginal people had no natural immunity were introduced by the newcomers.[130] Basedow noted that many of the diseases and conditions suffered by Aboriginal people went unattended.[131] This often meant that they were living with more than one illness or condition concurrently. After completing medical examinations of Aboriginal people in remote areas of South Australia between 1919 and 1920, Basedow determined that many Aboriginal people in South Australia were suffering with one or a number of medical conditions, including anaemia, rickets, jaundice, acute tonsillitis, muscular rheumatism, trachoma, tuberculosis or sexually transmitted diseases, with evidence of scaring and deformities that demonstrated that this was not recently acquired.[132] His research made it clear that, before they succumbed to influenza, Aboriginal people had been living with a 'high concurrent disease load'.[133] In 1927, Dr Edwin Jordan pointed out that pre-existing illnesses weakened the body's constitution and that this caused people to succumb more readily to pneumonic influenza.[134] Later medical professionals agreed.[135]

The individual factors that contributed to susceptibility were multiplied to create a greater overall health risk. Psychiatrist Pam Nathan and Dick Japanangka, in their investigation of Aboriginal health services of the past and present, emphasised that multiple factors contributed to an increased susceptibility to illness, including severe disruptions to living

[128] Ibid.

[129] Morens, Taubenberger and Fauci, 'Predominant Role of Bacterial Pneumonia', 4–6. The authors wrote of common pneumonia bacteria invading damaged respiratory tissue.

[130] Anderson, *Cultivation of Whiteness,* 27, 124; Griffiths, *Straight from the Heart,* 19.

[131] SRSA GRG 23/1/337/330/1922

[132] Ibid.

[133] Ibid.; SRSA GRG 23/1/335/87/1922.

[134] For more detail refer to Chapter 2. Jordan, *Epidemic Influenza: A Survey*, 276.

[135] Mayer, 'Four Pacific North West Reservations and the Influenza Pandemic', 1–2; P. D. Massey, G. Pearse, K. A. Taylor, L. Orcher, L. Saggers and D. N. Durrheim, 'Reducing the Risk of Pandemic Influenza in Aboriginal Communities', *Rural and Remote Health* 9 (2009): 1290.

conditions, lifestyle and food supplies.[136] They concluded that the detrimental effect of this on both the physical and mental health of Aboriginal people left them highly susceptible to introduced diseases.[137] Lowered self-esteem, depression, anxiety and mental health issues affected a person's ability to focus on healing and recovery.[138] It is clear that Aboriginal people were dealing with numerous health risk factors that increased their susceptibility and reduced their ability to fight disease. This left Aboriginal people at extreme risk of developing critical complications to pneumonic influenza in 1919.

A Community's Response to Influenza

Influenza circulated through the European settlement and Afghan town for over three weeks before it appeared in the Aboriginal camps on the plains surrounding Oodnadatta.[139] This delay can be explained in several ways. Aboriginal people may not have attended the 'Welcome Party' for soldiers or the 'Cheer Up' concert that was blamed for the initial infection (discussed in Chapter 3). While there were returned Aboriginal service personnel at Oodnadatta, such as Jack Ludgate (3rd light Horse Regiment, 27th Reinforcement), they may have returned at a different time.[140] The effect of separate living, distance and limited communication may have assisted to delay the onset of influenza for the Aboriginal community. The Aboriginal people of Oodnadatta may have remained at camp. Local Aboriginal people told Jenn Gibson that they moved away when they learned of influenza reaching the township.[141] Expert bushman Joe Brown remembered that 'Aboriginal people avoided the white people, when influenza came, they went bush and many did not return'.[142] This is another factor that added to the difficulty

[136] Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 1–2; see also Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains*, 70–77; Cleland, 'The Ecology of the Aboriginal', in Cotton, ed., *Aboriginal Man*, 111–58; Crosby, *America's Forgotten Pandemic*.

[137] Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 2; also see SRSA GRG 23/1/337/330/1922; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region.*

[138] Nightingale through Dossy and Kegan, *Holistic Nursing*, 10–11.

[139] Harland, diary entries, June 1919; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June 1919.

[140] State Library of South Australia, 'Nominal Roll of South Australian Aboriginal Service Personnel—WW1', accessed 24 April 2017, https://www.reconciliationsa.org.au/assets/media/files/RAVSA_WW1.pdf

[141] Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region*, several entries. See interview with Joe Brown in O'Reilly, *Bowyangs and Boomerangs*, 101.

[142] Interview with Joe Brown in O'Reilly, *Bowyangs and Boomerangs*, 101.

of determining the Aboriginal population at Oodnadatta and the number of influenza deaths at in 1919.

It appeared to Harland, Williamson, Kramer and others that Aboriginal people at Oodnadatta developed a far more serious response to the 1919 pandemic influenza than non-Aboriginal people of the area.[143] When speaking of Aboriginal people in the camps at Oodnadatta, Kramer stressed that 'they were soon desperately sick and dying'.[144] Horrie Simpson also wrote of the seriousness of disease in the Aboriginal camps (see below).[145] A year after influenza passed through Oodnadatta, Basedow observed that the disease had almost annihilated the Aboriginal population of the town; however, no names or numbers were recorded.[146] In a survey of research conducted up to 1927, which included Australia, Dr Jordan discovered that a markedly higher percentage of Indigenous people throughout the world developed more critical cases of pneumonia influenza than non-Indigenous populations.[147] After researching the 1918–1920 influenza pandemic in various global and local contexts, John Brundage, Melissa McLeod and others supported Jordan's findings, concluding that mortality rates were markedly higher for isolated Indigenous populations than for the general public.[148]

Aboriginal People in Camps Fall Desperately Ill

During the third week of June 1919, pandemic influenza arrived in the Aboriginal camps. On 18 June 1919, Dick Gillen, Harland's valued Arrernte camel man and guide took ill.[149] At around the same time, Kramer, missionary to Aboriginal and bush people, arrived at Oodnadatta having travelled from Victoria to Adelaide by train then from there to

[143] Harland, diary entries Harland to Williamson August 1919, Harland Collection; Williamson Harland 15 August 1919, Harland Collection; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 2 July, 14 July, 5 August 1919.

[144] Kramer, *Australian Caravan Mission,* 5–6.

[145] Simpson, *Horrie Simpson's Oodnadatta,* 9; Dallwitz and Fazio, *White to Black*.

[146] SRSA GRG 23/1/337/330/1922.

[147] Jordan, *Epidemic Influenza: A Survey*, 205–09.

[148] Brundage and Shanks, 'Deaths from Bacterial Pneumonia', 6; McLeod et al., 'Protective Effect of Marine Quarantine in South Pacific Jurisdictions, 1918-19 Influenza Pandemic', *Emerging Infectious Diseases* 14, no. 3 (March 2008), doi.10.3201/eid1403.070927; also see Gara, 'The Spanish Influenza Epidemic'; Mayer, 'Four Pacific North West Reservations and the Influenza Pandemic'.

[149] Harland, diary entries, 18–23 June 1919; 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3.

Oodnadattta in his donkey wagon.[150] Suspecting that the deadly influenza that had spread throughout the world was likely to appear in Aboriginal camps, Kramer's specific intention was to care for a group of Aboriginal people he had worked with before.[151] He visited the Aboriginal camps around the outskirts of Oodnadatta and gathered the people together around his wagon initially for a religious service.[152] All around him, Aboriginal people began to fall desperately ill; Kramer recorded that they were 'in a very sad state, sick and dying'.[153] Unfortunately, bringing the people together may have caused rapid spread of influenza.[154] The situation would have become extremely serious, as the very short incubation period and extremely rapid spread caused influenza to develop into a debilitating and life-threatening pneumonia within a day or two.[155]

Benign initial symptoms of the 1919 pandemic influenza often led to lack of recognition of first stage of the illness.[156] It may have been difficult for Kramer to associate the first cold-like symptoms with influenza because, as Basedow noted, it was common for Aboriginal people of the camps to suffer chronic respiratory ailments.[157] Kramer and others spoke of Aboriginal people who caught a simple cold and panicked because they thought it was influenza then just gave up and died; there was also talk of death by boning, superstitious fright or 'too much sorry'.[158] This may well have been a misinterpretation

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[150] Kramer, *Australian Caravan Mission,* 4; 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3; Amanda Barry, 'German Missionaries in Australia: Kramer, Ernst Eugen (1889-1958)'.

[151] By working back from 1 August when Kramer left Oodnadatta and including his six weeks of nursing, he appears to have arrived around 18–21 June 1919. See Kramer, *Australian Caravan Mission.*

[152] Kramer did not give an exact date for his arrival. Kramer, *Australian Caravan Mission*; 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3.

[153] Kramer, *Australian Caravan Mission*; 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3.

[154] The highly contagious nature of the illness is discussed in Jordan, *Epidemic Influenza: A Survey*, 256–58; Barry, 'The Site of the Origin', 1–4; also see Christina Mills, James Robins and Marc Lipstich, 'Transmissibility of 1918 Pandemic Influenza', *Nature* 432 (16 December 2004): 904–06, doi:10.1038/nature03063; M. W. Ireland, *Medical Department of United States Army Anthropologist in World War: Communicable Diseases* (Washington: United States Government Printing Office, 1928), quoted in Barry, 'The Site of the Origin', 1–4.

[155] Starr, 'Influenza in 1918'.

[156] Jordan, *Epidemic Influenza: A Survey,* 250.

[157] SRSA GRG 23/1/335/87/1922; SRSA GRG 23/1/337/330/1922.

[158] 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3. Des Crump, 'Queensland Aborigines and the Spanish Influenza Pandemic of 1918-1919', Blog post, Queensland's World War 1 Centenary, 2014, Library of Queensland Aboriginal and Torres Strait Islander Participation in WW1, http://blogs.slq.qld.gov.au/ww1/2014/12/17/queensland-aborigines-and-the-spanish-influenza. Aboriginal health, healing and causes of illness are examined in Chapter 6.

of pandemic influenza, which, in its worst form,[159] caused an extreme disorganised reaction of the immune system known as a 'cytokine storm' that could result in death within twenty-four to forty-eight hours.[160] This may have been the cause of death for Aboriginal people who appeared to die within a day or two from what Kramer and others assumed was said to be a simple cold.[161] Few observers would have know that the symptoms of pneumonic influenza left patients unable to care for themselves or to seek assistance.[162]

Aboriginal patients were in need of nursing and care and a facility to protect them. Kramer had worked with the Aboriginal people at Oodnadatta previously and was concerned for their welfare; therefore, once the gravity of the situation became apparent, he sought the assistance of Williamson with a request to bring care to them as he had done at other times.[163] If Aboriginal patients were to be given the best chance for recovery, a suitable care facility needed to be sourced. Wurleys were not suitable for isolating or tending to influenza patients. Individual and small groups of wurleys were spread out over a large area surrounding Oodnadatta. This made effective supervision and care unmanageable. Access to the wurleys for nursing staff was difficult because of overcrowding and their low structural form. Isolation and management of hygiene was impossible. It appears that Williamson, Harland and others saw it as important to ensure that there was suitable accommodation.[164]

Different circumstances led to different accommodation solutions for patients. Patients who could be cared for at home were given in-home care. Those from the town who could

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[159] Morens and Taubenberger and Fauci, 'Predominant Role of Bacterial Pneumonia', 1–6.

[160] Angela Johnson, 'Cytokine Storm and the Influenza Pandemic', *North West Ohio Consortium of Public Health*, 1–3, accessed 10 October 2016, http://www.cytokinestorm.com/; Nickson, 'Acute Respiratory Distress Syndrome'.

[161] 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3; Crump, 'Queensland Aborigines and the Spanish Influenza Pandemic of 1918-1919'.

[162] Jordan, *Epidemic Influenza: A Survey*, 261–65

[163] Kramer had approached Williamson on other occasions. See Williamson to Harland 25 September 1919, Harland Collection. Harland wrote of Kramer: 'He and his wife had a very helpful influence on the people of the centre', in Harland, AIM talk; see also Andrew Markus, 'Kramer, Ernest Eugene (1889–1958)', *Australian Dictionary of Biography*, accessed 6 June 2018, http://adb.anu.edu.au/biography/kramer-ernest-eugene-10763/text19083. Markus wrote: 'At a time of extreme racism Kramer spoke for the humanity of Aboriginal people'; also see Amanda Barry, 'German Missionaries in Australia: Kramer, Ernst Eugen (1889-1958)'.

[164] Harland, diary entries June-July 1919; Williamson to Harland 26 August 1919; Kramer, *Australian Caravan Mission,* 4–5.

not care for themselves were looked after in the four rooms of the old hospital. However, caring for large numbers of Aboriginal patients from outlying camps, and providing the standard of care required for influenza patients, was difficult unless they could be brought together.[165] This was achieved at a tent hospital, which was set up on the evening of 26 June 1919.

Aboriginal patients required care before the tent arrived. The first reports of serious illness in the Aboriginal camps appeared on 23 June in Tackaberry's correspondence with Chief Protector South regarding influenza in the camps.[166] Between the first report on 23 June and 27 June (when the hospital tent went into operation), Aboriginal patients may have been cared for in their own wurleys, or Harland and Williamson may have attempted to bring patients into the old hospital as they had with Gillen.[167] Harland's diary entries state that he, Sisters' Williamson and Harvey, and the visiting Catholic priest were taking shifts to visit and care for patients during those dates, while Kramer wrote that he used his bike to visit patients in the camps during the pandemic[168] (see Figure 5.8).

There were mixed opinions among non-Aboriginal members of the Oodnadatta community regarding the accommodation of Aboriginal patients. Non-Aboriginal community members were generally supportive during the influenza battle in June and July; however, there may have been some resistance to accommodating large numbers of Aboriginal people within the township.[169] A section of Williamson's report to John Flynn in 1919 hints at some negative attitudes and of discouragements she encountered when trying to care for, and accommodate, Aboriginal patients:

> There is a need for people to be made aware of their way of life. They are not the degraded people some seem to class them. They would not have managed to exist if they had bad laws. They had laws or methods which they used for

[165] Briscoe, 'Disease, Health and Healing', 22.

[166] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June 1919.

[167] After reading AIM documents, Griffiths noted that tensions developed at Oodnadatta 'with white people … fearing that they might catch the diseases that ran rampant through the Aboriginal communities, objected to their being treated in the hospitals', Griffiths, *Straight from the Heart,* 19; also see Forsyth, 'Telling Stories', 33–44.

[168] Amanda Barry, 'Kramer, Ernst Eugen (1889–1958)', German Missionaries in Australia, accessed 4 February 2017, http://missionaries.griffith.edu.au/biography/kramer-ernst-eugen-1889-1958; Harland, diary entries, 23–27 June 1919.

[169] Griffiths, *Straight from the Heart,* 19.

gathering food and distributing it … The white man has upset a lot of their ways by introducing vices and infections they had no immunity for.[170]

Figure 5.8: Ernst Kramer, Sister Harvey and Coledge Harland with Sandy (dog)

Photographer: J. Williamson, Oodnadatta, 1919, Harland Collection.
Note: Kramer and Sister Harvey and Harland spent time in Oodnadatta working with patients during the pandemic.

This demonstrates that Williamson had an understanding of, and empathy for, Aboriginal people and their health needs. It was mid-winter and with the four bed ward in the AIM hostel out of bounds, it left a couple of unoccupied rooms in the old hospital, space on the veranda or rooms in the cold, rambling boarding house to accommodate Aboriginal patients. More suitable accommodation was required. Kramer wrote in his travel diary that he found ten Aboriginal influenza patients as he moved around the camps, but this quickly grew to twenty.[171] As a consequence of this high number of patients, there were not enough bed spaces or carers to adequately attend to the seriously ill non-Aboriginal patients within the township.[172] At this time, there was still serious illness within the township, at the old hospital, in the Afghan area and in the Chinese quarters.

[170] Williamson's report to John Flynn in Griffiths, *Straight from the Heart*, 19.

[171] Kramer, *Australian Caravan Mission,* 1–4; 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3.

[172]Starr, 'Influenza in 1918', 140; Crosby, *America's Forgotten Pandemic*.

Aboriginal influenza patients at Oodnadatta were extremely ill and to be separated from family and transported to unfamiliar buildings within the settlement could have hindered their healing.[173] Family play an important role in Aboriginal healing, as Nathan and Japanangka documented. A family member takes charge of the illness, supporting the patient, singing healing songs, using herbs and bringing in traditional medicine men when required.[174] Therefore, it was important that the Aboriginal patients were cared for together so they had the support of one another.

Given Harland, Kramer and Williamson's level of cultural sensitivity (as explained in Chapter 3) and mixed community opinions, it is possible to interpret the decision to erect a tent hospital as demonstrating elements of practicality, pragmatism, segregationist thinking *and* an understanding of the needs and preferences of Aboriginal people.

Preparing a Tent Hospital

In early June, then again in mid-June 1919, Harland requested extra accommodation for influenza patients because the available accommodation was almost exhausted. He was aware of the extreme death toll throughout the world and that it could be expected that influenza would spread throughout the community and beyond, to include the Aboriginal camps. We know that he had cared for his Aboriginal camel man, Dick, in the old hospital.[175] Again a request was made for extra accommodation and on 23 June, Tackaberry wrote to the chief protector stating that 'an outbreak of influenza has occurred among the native population'. He added that he was:

> Most anxious to erect quarters within a safe distance and collect all the infected ones and set a guard to prevent their moving from place to place, by this means the mortality will be confined to the present limits.

This letter arrived at the Aboriginals Department on the last day of June 1919.[176]

A lack of understanding of Aboriginal culture led to discrimination by some protectors (police) and medical professionals and, although there was a high level of disease among Aboriginal communities, often there was little or no available treatment or medical aid

[173] Harland Collection; Kramer, *Australian Caravan Mission,* 4–6.

[174] Nathan and Japanangka, *Health Business,* chapter 4.

[175] Harland, diary entries, 18 June – 1 July 1919; Harland Collection.

[176] SRSA GRG 52/1/23/50/1919, Account from Chief Protector, Aboriginals Department, South Australia, 5 August 1919.

provided.[177] According to Briscoe, it was usually the case that when serious contagious diseases broke out among Aboriginal people, they were transported to compounds where the patients themselves provided most of the care.[178]

In his letter of 23 June 1919, Tackaberry asked the chief protector for permission for Constable Welsh 'to take up the work [of rounding up the Aboriginal patients] for one month by which time … the disease will have run its course'.[179] On 24 June, Tackaberry was prompted to follow his letter with a telegram. He sent a wire to the chief protector the next day that read: 'Outbreak influenza amongst natives ten cases please arrange railway commissioner send half dozen tarpaulins for temporary shelter forward tent about sixteen by twenty four and twenty blankets.'[180] The matter was attended to promptly by the chief protector who wired Tackaberry that same day stating that six large canvas tarpaulins and twenty blankets had been placed on the north bound train from Adelaide.[181] There is no record of any other supplies being sent by the chief protector or the railway commissioner in the protector's report.[182]

The use of tents was accepted practice for isolating patients if buildings were not available, as the inspector general of hospitals explained in his report on country hospitals in *The Advertiser* on 20 May 1919: 'Under existing conditions the use of tents has been found necessary.'[183] The isolation tent at Oodnadatta, set up for Aboriginal patients, was unusual because of the construction material, its location in the desert (500 yards from other infrastructure) and the lack of amenities.[184] Tents were used in Adelaide, Melbourne and overseas but they were normally small tents, supplied by the Board of Health or Army.[185] (Refer to Chapter 3, Figure 3.2.) These were often prefabricated tents constructed to exclude the wind and erected on a wooden base, ground sheet or on mown

[177] Briscoe, 'Disease, Health and Healing', iii, 11.

[178] Ibid., 11.

[179] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 23 June 1919 (received 30 June 1919).

[180] The size of the tent was 4.8 m x7.3 m (16 ft x 24 ft). SRSA GRG 52/1/23/50-1919 Tackaberry to Chief Protector 24 June 1919.

[181] SRSA GRG 52/1/23/50-1919 Chief Protector to Tackaberry, 24 June 1919.

[182] SRSA GRG 52/1/23/50-1919 Chief Protector, records.

[183] SRSA GRG 8/35/1-1915-1920 Central Board of Health, Inspector General of Hospitals to Chairman Central Board of Health, Report in Country Hospitals, 20 May 1919.

[184] Woodruff, *Two Million South Australians*, 70; SRSA GRG 8/1/3/0/2/322-1919 Central Board of Health, correspondence with Army.

[185] SRSA GRG 8/1/3/0/2/322-1919 Central Board of Health, correspondence with Army.

grass.[186] They were fitted out with stretchers, pillows, linen and blankets, with formal cooking arrangements and access to amenities.[187] Usually, these tents were confined within fences or an enclosure close to buildings.[188] This gave patients more protection from the wind, greater comfort and a sense of security.

A relatively hygienic, large protected space was required to erect a large tent. Oodnadatta was situated on a wide gibber plain where the sandy loam was heavily imbedded with small pieces of wind worn silcrete,[189] as see in Figure 5.9. Camels, goats and other stock were yarded or hobbled in the area between the old hospital and Afghan town and along the common area between the AIM hostel and the rail line, rendering these areas unsuitable.[190] A protected place was selected.[191] Horace Simpson wrote that the tent was positioned near the rail terminus, 500 yards from the AIM hostel[192] (see Figures 5.10–5.12).

Figure 5.9: The Gibber Pavement

Photographer: H. Bullen, 2017, Oodnadatta, Bullen Field Notes.
Note: the soil in the area of Oodnadatta was covered with irregularly shaped wind worn stones

[186] Woodruff, *Two Million South Australians*, 70; Richard Hobday and John Carson, 'The Open Air Treatment of Pandemic Influenza', *American Journal of Public Health* 99 (October 2009): 5236-5242. https://www.ncbi.nlm.nih.gov/pmc/article/PMC45004358/.

[187] SRSA GRG 8/1/3//2/322-1919 Central Board of Health, correspondence with Army regarding hire of tents.

[188] SRSA GRG 8/35/1-1915-1920 Central Board of Health, Inspector General of Hospitals, report

[189] Tyler et al., *Natural History of the North East Desert*, 62, 71.

[190] Photographs, documents and diaries, Harland Collection; also see Tyler et al., *Natural History of the North East Deserts*, 61–63.

[191] Influenza was first noted on 31 May and there were still European, Afghan and Chinese patients in the first week of July 1919. Williamson, letters, Harland Collection; Harland, diary entries, 31 May – 1 July 1919.

[192] Simpson, *Horrie Simpson's Oodnadatta*, 9.

Figure 5.10: Site of the 1919 Tent Hospital

Photographer: P. Bullen, 2017, Oodnadatta.
Note: the tent was positioned in a hollow at the end of the rail line, 500 yards from the township boundary

Figure 5.11: Sister Jean and Margaret Williamson Standing at End of Rail Line

Photographer: C. Harland, 1919, overlaid over P. Bullen photograph, 2017, Oodnadatta.
Note: the bushes growing in a hollow behind the mound this aligns with soakage in the tent photograph

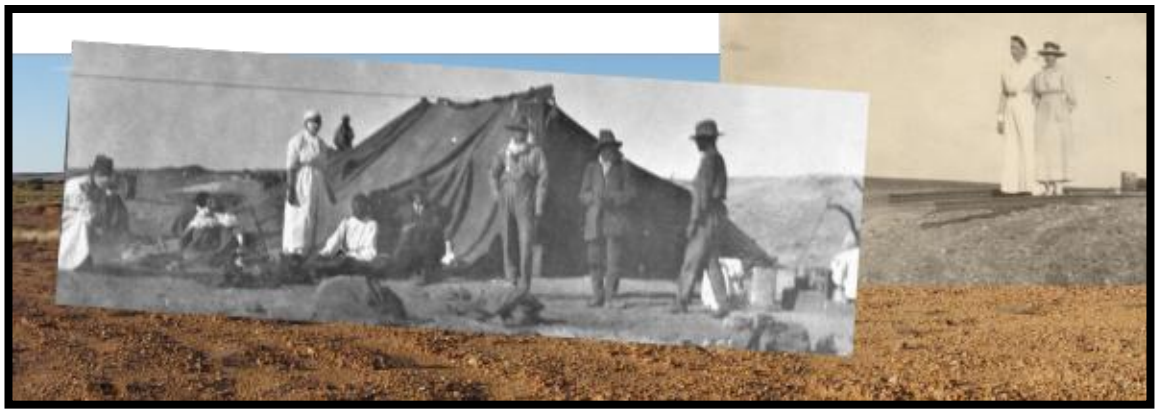

Figure 5.12: Hospital Tent, 1919/2017

Photographer: J. Williamson, 1919, Oodnadatta.
Note: the tent hospital photograph has been overlaid on a 2017 photograph of the same area at the end of the rail line

The large tent, which was created from six heavy-duty railway tarpaulins, required several strong people to erect it.[193] It appears that Kramer, Tackaberry and his Aboriginal assistant Alex, returned serviceman Leo Kelly, Mounted Constable Welsh, Harland and

[193] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 2 July 1919; photographs, Harland Collection. The Isolation tent at Oodnadatta was approximately 21 ft x 18 ft x 6 ft 6 in (6.4 m x 5.5 m x 2 m) and made from six heavy duty railway canvas tarpaulins.

other community members assisted to rig the tent.[194] The tent was pitched on the evening of 26 June, the same evening that the blankets and tarpaulins arrived on the fortnightly train.[195]

The chief protector supplied tarpaulins and blankets, while all other supplies including tent poles, ropes and medicines had to be sourced in the township. Williamson provided what she could from the AIM hostel, then a call for extra supplies, put out to the wider Oodnadatta community, saw necessities provided, including extra stretchers, linen, gowns, pillows, blankets, sleepwear, furnishings, cooking and washing equipment.[196] These supplies ensured that the tent became a hospital to care for and heal Aboriginal patients and not just a compound to quarantine the infected Aboriginal people, as Tackaberry's request had implied. The town's people were quick to respond and it appears that the tent hospital for Aboriginal patients opened for operation on 27 June with purchases for patients' food from local suppliers commencing that day.[197]

The changes that occurred following the arrival of non-Aboriginal people in South Australia affected Aboriginal people's health and wellbeing and left them susceptible to the serious complications associated with pandemic influenza.[198] A tent hospital set up to care for Aboriginal people from camps surrounding Oodnadatta provided genuine care and support for extremely sick patients. This will become apparent when the management and care of the desperately ill Aboriginal patients at the tent hospital is examined in Chapter 6.

[194] SRSA GRG 52/1/23/50/1919 Tackaberry, invoice, 5 August 1919; also see Harland Collection; 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3; Kramer, *Australian Caravan Mission*, 4.

[195] Tackaberry's invoices state when the payments began. SRSA GRG 52/1/23/50/1919 Tackaberry, invoice, 5 August 1919; Harland, diary entries.

[196] Harland diary entries June 1919, Williamson, to Harland 19 August 1919, Harland Collection.

[197] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 14 July 1919.

[198] Nathan and Japanangka, *Health Business*, multiple entries.

Chapter 6

A Tent Hospital for Aboriginal Influenza Patients

At first glance, photographs of the tent hospital that was set up to care for Aboriginal influenza patients at Oodnadatta in 1919 seems to reveal segregated treatment. As explained in Chapter 4, non-Aboriginal community members were cared for mainly in their own homes or in other permanent dwellings in the township; yet, Aboriginal influenza patients were treated in a large tent on the outskirts of town.[1] On the surface, this seems to support a narrative of racial discrimination; however, things are not always what they seem. Separate treatment for Aboriginal and non-Aboriginal patients was the norm in 1919.[2] While this often resulted in Aboriginal people receiving inferior treatment, separate treatment did not, in itself, signal neglect. Documents (letters, diaries and reports) created by my grandparents reveal a more complex story. In response to urgent requests for help, the chief protector of Aborigines in South Australia sent the bare minimum of supplies, comprising the most basic of equipment, for Aboriginal patients. Reverend Harland, Sister Williamson, Ernest Kramer, Tackaberry the Medical Officer and the community made the most of what was sent. In doing so, this chapter argues that the care provided was both culturally sensitive and patient centred.

This chapter provides an ethnographic-style close reading of photographs and primary documents to reconstruct a picture of the management and care of Aboriginal people in the remote desert township of Oodnadatta. This story has not been told before. In its recounting, aspects of cultural sensitivity in the design, management and care of patients at the tent hospital are revealed. After examining the environment, transport of patients and layout of the tent hospital, the focus shifts to health practices, both traditional and introduced, management and care of the patients and provision of services at the tent hospital. This is followed by an interpretation of influenza mortality at Oodnadatta. The chapter concludes by examining the effectiveness and appropriateness of the care that was provided at the isolation tent hospital and across Oodnadatta.

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[1] No influenza patients were cared for at the AIM hostel because the rules prevented entry of transmittable diseases. This was discussed in Chapter 2; see also Flynn, 'Blank Draft Rules for AIM Homes'.

[2] This was discussed in Chapter 2. This was a time of inequality, segregation and 'underlying paternalistic ideologies'. See Forsyth, 'Telling Stories', 33–44; Briscoe, 'Disease, Health and Healing', 23, 45.

Tent, Transport and Environment

A tent hospital to care for Aboriginal influenza patients at Oodnadatta was erected at the rail terminus, about 500 yards (457 metres) from other buildings on the west side of the rail embankment north of the main township, between the Australian Inland Mission (AIM) hostel and one of the Aboriginal camps.[3] It was the only facility large enough to cater for Aboriginal influenza patients who could not be cared for in their own camps. The position of the tent relative to the town is shown in Chapter 5. The photographs of the tent hospital were taken with an autograph camera held at waist height on two-and-a-half by three-and-a-half inch negatives.[4] Both the negatives and positives are part of the Harland Collection. An irregular mark on the upper–right hand edge of the negatives identifies the camera and negative as belonging to the collection. Since Harland appears in three out of five of the images of the hospital tent, it is highly likely that the images were taken by Sister Williamson.[5] They were probably taken as a record of the unusual hospital facility, the seriousness of the influenza pandemic and the unusual method of patient transport. The most likely date and time of the tent photographs was Sunday 29 June 1919. Harland's diary entry states that Sister Kelly from the South Australian Board of Health came on duty at the tent hospital at about 5 pm that day. Harland had taken the day shift with Sister Harvey, also from the Board of Health.[6] This places all three at the isolation tent late in the afternoon. While Harland, Williamson and others wrote brief accounts of the treatment of Aboriginal influenza patients at the tent, the photographs uncover hitherto unknown details.

Donkey Wagon Becomes a Temporary Ambulance

Figure 6.1 illustrates the main mode of transport for Aboriginal patients. No regular ambulance was available in Oodnadatta so most Aboriginal patients were transported to the tent hospital in roving missionary Ernest Kramer's wagon, which was pulled by four donkeys. They can be seen resting in Figure 6.1. The donkeys had slowly and steadily pulled the covered wagon that was home to Kramer, his wife and child as they travelled

[3] Photographs, Harland Collection; also see, Simpson, *Horrie Simpson's Oodnadatta,* 9; Dalwitz and Fazio, *White to Black*, 18.

[4] Both Harland and Williamson had autographic cameras that held the same sized negatives. Each left a different identifying mark on the negative.

[5] Harland and Williamson developed a supportive friendship and worked together taking photographs. The cameras and negatives contained in the Harland Collection supports the summation.

[6] Harland, diary entries June and July 1919.

from Adelaide to Oodnadatta, and through central Australia working with Aboriginal and non-Aboriginal bush people.[7] During the influenza epidemic, it became an ambulance; however, the donkeys continued their slow steady pace of two miles per hour. Quotations from the Bible adorned the wagon.[8] In the background of the image is the railway mound, and on the left of the photograph is a pile of firewood and a bucket from the hospital tent. At the back of the wagon, one convalescent from the tent is assisting another patient to make her way to the tent.[9]

Figure 6.1: Donkey Wagon Becomes an Ambulance

Photograph sent to *Observer* (Adelaide) by J. Williamson 1919 and published in *Observer*, 16 August 1919, 28, http://nla.gov.au/nla.news-article16589621.
Original title: 'Two Sick Lubras Alighting from Itinerant Preachers Van at the Isolation Area Oodnadatta.'

In Chapter 5, it was explained—with reference to Basedow's work—how congested living allowed influenza to spread rapidly in wurleys. Many family members became ill simultaneously, leaving no-one to call on for assistance or to care for them. Kramer visited the camps and was able to transport families to the tent hospital where they could be cared for together.

[7] The donkeys were used for the difficult dry country between Maree and Alice Springs. Kramer, *Australian Caravan Mission*, 3.

[8] Williamson spoke of sending photographs to the newspaper in a letter to Harland, August 1919. Photograph of Kramer's wagon sent to *Observer* (Adelaide) and published on 16 August 1919, 28. http://nla.gov.au/nla.news-article16589621; Kramer, *Australian Caravan Mission*, 4.

[9] The convalescent may have been Tackaberry's Aboriginal assistant, Alex. SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 2 July 1919.

Wagon Adorned with Biblical Quotes

In Figure 6.2, a bearded patient sporting long trousers, a light-coloured coat and broad-brimmed hat sits with his bare feet dangling over the back of Kramer's wagon. An awning protects him from the hot sun. The drought-stricken state of the country is evident with only a few scattered dry sticks on the otherwise bare ground. The trees along the dry watercourse in the background are devoid of leaves. A quotation painted in white on the wagon's canopy, 'Behold I come quickly and my reward is with me' (Revelations xxii: 12), encapsulated Kramer's achievement.

Figure 6.2: Kramer's Donkey Wagon Adorned with Biblical Quotations

Photographer: Harland or Williamson, 1919, Harland Collection.

Evidence examined in the previous chapter demonstrated that Aboriginal people were at high risk of developing complications from pandemic influenza. Kramer ensured that Aboriginal patients did not have to ask for assistance, which was fortunate because many patients were too ill to make their way to hospital on their own. He delivered them to the tent hospital in his wagon. He reported that, by the time he picked them up, some patients were already extremely ill and died the first night.[10] Moving seriously ill patients would

[10] Kramer, *Australian Caravan Mission*, 4. Sister Kelly supported this view. See Kelly, 'Work among Natives', *News* (Adelaide), 10 December 1926, 13, http://nla.gov.au/newspaper/rendition.news-article129327073.

have caused anxiety and may have brought premature death for some critically ill elderly patients. It may also have hindered the progress of others; however, the care and treatment provided at the tent hospital was the only means to ensure meals and continuous support could be provided. The anxiety of relocation would have been reduced by the short gentle ride and comfort of being with family in a familiar environment with welcoming fires and supportive staff.[11]

A Tent Hospital in the Desert

Figure 6.3 demonstrates that, on arrival at the isolation tent, patients were greeted with familiar sights, scents, sounds and conditions; it was familiar gibber country and they were outdoors, surrounded by kin, rather than buildings, fences and strangers. There were no buildings, let alone trees, interrupting their view of their country on the north and north-east side of the tent. Amenities were simple; a commode or toilet chair was placed outside the tent (on the left) and another sat behind the tent (on the right), as depicted in Figure 6.6. These would have been moved as required.[12] The floor of the tent was the desert sand.

The photograph of the tent hospital reveals an unusual scene. The tent, a large loosely draped shelter approximately 6.4 metres x 5.5 metres x 2 metres (21 feet x 18 feet x 6 feet, 6 inches) was made from railway canvasses supplied by the railway department and organised by Chief Protector South.[13] The desert scene stands in stark contrast with the bright white of the masks, coveralls and gowns of the nurses, and the headbands of the Aboriginal patients as they sat or lay in blankets on the soil. The gowns and polished boots, a sign of authority and competence, would have been soiled early in the shift with all the bending and kneeling in the sandy soil.

The lack of windows created a black interior; its contents are only known through descriptions gleaned from Harland and Williamson and other snippets of evidence, such as references to nursing practices of the day.

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[11] Amber Lois Williams, 'On Environmental Factors that Alleviate relocation Stress Syndrome in Residents of Long Term Care Facilities' (Master's thesis, Department of Technology East Michigan University, 2013), iii, 1, 11.

[12] A commode or toilet chair.

[13] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector (and replies from the Chief Protector), 23 June – 12 July 1919.

The makeshift tent was partitioned in the middle, half for men and the other for women.[14] The heavy canvas was laced along a central overhead pole. The pole then dropped into a forked upright post where ropes caught all the pieces of canvas in a confusion of knots. The base was pulled out and pegged with long tent pegs. It was protected from the prevailing easterly wind by a large embankment near the rail terminus, created to allow a proposed extension of the rail line to pass over a small dry creek.[15] The course left by the dry creek ran through a gap that circled around the north side of the tent, creating a sandy hollow for the tent, then exited at the centre front of the image. Discarded remnants of previous camps of drovers, rail and telegraph workers, Aboriginal people and others had been deposited along its path by past big rains.[16]

Figure 6.3: Influenza Tent Hospital for Aboriginal Patients, 1919

Photographer: J. Williamson, 1919, Harland Collection.

[14] Gender separation was practiced both in Western and Aboriginal heath care. Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 9; Nathan and Japanangka, *Health Business*; Harland Collection.

[15] Harland, photographs, Harland Collection. The position is mentioned in Simpson, *Horrie Simpson's Oodnadatta*. On prevailing winds, see Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region,* 10; Tyler et al, *Natural History of the North East Deserts*; Google maps 2015.

[16] This was a tributary of the Pattarra creek. Pattarra creek runs down from Akatja Kepata (Mt O'Halloran) past the telegraph line and under the extension of the rail. Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region,* map 7; also see Bullen Field Notes, 2013, 2017; Google map December 2015. There had been a long dry, see Tyler et al., *Natural History of the North East Deserts,* 81–84; Griffiths, *Straight from the Heart*, 19; 'Australia's Variable Rainfall'.

The position of the tent hospital relative to the town, and segregation of Aboriginal patients away from Europeans, may, at first, have given the appearance of lack of care; however, the sleeping arrangements were similar to those with which Aboriginal people were accustomed.[17] The soft walls of the tent and its large opening allowed connection with country and family. If Aboriginal patients from the camps had been accommodated in the old hospital or other buildings in town they would have been confined within an unfamiliar building in a raised hospital bed, disconnected from family, the earth and environment. Indeed, Aboriginal people may have resisted attempts to be accommodated in the township. Research conducted by Pat Dudgeon and Abigail Bray from the School of Indigenous Studies, University of Western Australia, and others suggests that Aboriginal people's memories of previous epidemics and shared memories of enforced medical treatment and removals may have influenced their decision not to stay or seek help.[18] As discussed in Chapter 5, some patients were newcomers to Oodnadatta and may not have had any experience of European medical care.[19]

Health Practices, Care and Medicines

Aboriginal people who were brought to the tent hospital were living in un-serviced camps in drought-stricken country surrounding Oodnadatta.[20] The patients were mainly Arabana, Lower Southern Arrernte, Wankangurru and Antakarinja people.[21] Kramer stated that they were desperately ill and could not care for themselves.[22] Sister Kelly told a reporter from the *News* (Adelaide) that Aboriginal patients were 'in an unbelievably filthy condition'.[23] Kelly, who had recently arrived from Adelaide, may have been

[17] Clarke, *Australian Plants as Aboriginal Tools,* 69; Gibson, 'Walter Baldwin Spencer's Diary from the Spencer and Gillen Expedition 1901–1902'; SRSA GRG 23/1/337/330/1922; also see Rose, *Nourishing Terrain,* 7*;* Howard Morphy, 'Ancestral Connections: Art and an Aboriginal System of Knowledge', quoted in Lydon, *Eye Contact,* 24.

[18] Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 1–2; also see Briscoe, 'Disease, Health and Healing',11; A. Cole, V. Haskins and F. Paisley, eds, *Uncommon Ground*: *White Women in Aboriginal History* (Canberra: Aboriginal Studies Press, 2005), 85; Nathan and Japanangka, *Health Business*; *Aborigines Act 1911* (South Australia); Robert Foster, 'Endless Trouble and Agitation: Aboriginal Activism in the Protectionist Era', *Journal of the Historical Society of South Australia* 28 (2000).

[19] The Antakarinja people had only 'sat down long time' at Oodnadatta in the last couple of years. See Chapter 5 for further detail; also see Gara, 'The Spanish Influenza Epidemic', 9–13.

[20] Unserviced camps can be seen in Harland's photographs, Harland Collection. They are also described by Sister Jean Finlayson in Griffiths, *Straight from the Heart,* 18, 19.

[21] Chapter 5 examined the history and movement of language groups.

[22] Kramer, *Australian Caravan Mission,* 4–5.

[23] Kelly, 'Work among Natives', *News* (Adelaide), 10 December 1926, 13.

unaccustomed to working with Aboriginal patients from desert camps.[24] Certainly, she seems to have been unaware that Aboriginal people often applied protective skin preparations made from plant, mineral or animal substances, as noted in Chapter 5. The photographs depict a number of staff and volunteers who tended Aboriginal patients at the tent hospital as one shift came to an end and another began. Sister Kelly wrote about two Aboriginal people who washed the patients and cared for them.[25] European, Chinese and Aboriginal staff, both male and female, were on hand so that patients could have carers of their same gender, which was (and still is) customary practice for Aboriginal people across much of Australia.[26] A number of people mentioned the carers. Tackaberry wrote that an Aboriginal man, Alex, assisted.[27] Figure 6.3 shows Aboriginal and non-Aboriginal and male and female carers at the tent hospital. Local resident Horace Simpson wrote of carers who 'tended the sick washed them, and put clean clothes on them', including Reverend Harland, Mounted Constable Percy Welsh and returned serviceman Leo Kelly.[28]

Several factors beyond rest and basic care were important to healing. Patients needed to feel safe and secure; to have trust in their carers; to be understood; and to understand the language, methods and treatments that were being used. It was important for them to feel supported and respected and for their customs to be observed.[29] Kramer explained that, whenever possible, the patients were assisted outside to lay on the earth in the fresh air during the day.[30] In the eyes of many non-Aboriginal people, the country around Oodnadatta was dry and desolate. Yet, to Aboriginal people, it was full of life and significance.[31] Anthropologist Deborah Bird Rose pointed out that, 'because of the richness, country is home, and peace, nourishment for the body, mind and spirit and hearts ease'.[32]

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[24] Ibid.; Harland, diary entries.

[25] Kelly, 'Work among Natives'.

[26] Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 5; Nathan and Japanangka, *Health Business.*

[27] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 14 July 1919.

[28] Simpson, *Horrie Simpson's Oodnadatta*, 9.

[29] Dossey and Keegan, *Holistic Nursing,* 4–11, 38–39.

[30] 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3; Harland photographs, Harland Collection.

[31] Rose, *Nourishing Terrains,* 26.

[32] Ibid.

When Williamson was nursing Indigenous patients in the John Paton Hospital in Vila, she gained insight into other traditional systems and explained that:

> Patients often resent clean beds and other forms of civilization … in their native homes they lie on a [reed] mat on the ground with a piece of stone or wood for a pillow … They would not thank us for a soft bed and pillow.[33]

Williamson's prior experience in the New Hebrides may have given her a greater understanding of the sleeping preferences of Aboriginal people in Australia. For the staff at the tent hospital, bending to the ground to tend and lift or move patients was not something to which they were accustomed. Hospital beds were normally at a hip height. However, at the tent hospital, patient comfort, both physical and emotional, was the priority.[34] The staff were sensitive to the cultural needs of the patients and the patient needs were placed above carer comfort. The carers were there to assist the patients to recover and to provide quality care for all people in need.[35] As there were only limited numbers of staff, patients would have become familiar with them. Communication would not have been a problem; there plenty of interpreters and pigeon English was commonly used as a way to communicate across the cultures, as was the case in Vila (New Hebrides) when Williamson was nursing there.[36]

An Enormous Medical Bag

In Figure 6.4, Tackaberry is seen reaching into his enormous medical bag with one hand while passing a clear glass medicine bottle with a long slender neck to Sister Kelly. A dark, long-handled object, possibly a spoon, is secured upside down to the side of the bottle and draped with a piece of muslin or cotton wool. It may have been cough medicine or a pain killer.

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[33] Williamson, 'A Nurse in the New Hebrides', 4-7. Williamson to Dr Hair, January 1918, Harland Collection.

[34] 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3.

[35] The principles and code of ethics of nurses, missionaries and deaconesses were discussed in Chapter 3.

[36] Williamson, 'A Nurse in the New Hebrides', 4-7.

Figure 6.4: An Enormous Medicine Bag, Tent Hospital

Photographer: J. Williamson, 1919, Harland Collection.

Unlike Williamson, Tackaberry had access to prescription medications that would have been given for pain, the heart or sedation. Nursing was a nurturing aspect of Western medicine and the holistic nursing and care delivered by Williamson and the team at Oodnadatta incorporated aspects of Aboriginal health and healing including eucalyptus, kaolin, mint, rubs and poultices, plasters and smoke (as discussed in Chapter 4).[37] According to Nathan and Japanangka and others, the focus of Western medicine is 'primarily … the recognition and treatment of disease'.[38] They argued that Western medicine not only likens the body to a machine, but also only treats the disease and its symptoms.[39] Nathan and Japanangka explained that the focus of traditional health practice and Western medical practice are very different.[40] Instead of focusing on the disease

[37] Dossey and Keegan, *Holistic Nursing*, 4–11, 38–39; also see Nightingale, *Notes on Nursing*, multiple entries; Hoffmann, *Medical Herbalism*, 10–12; Isaacs, *Bush Food*; Cribb and Cribb, *Wild Medicine in Australia*.

[38] Nathan and Japanangka, *Health Business*, 136; also see Dudgeon and Abigail, 'Indigenous Healing Practices in Australia'.

[39] Nathan and Japanangka, *Health Business*, 70–72*;* Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 6–9; Maher, 'A Review of "Traditional" Aboriginal Health Beliefs', 229–36.

[40] Nathan and Japanangka, *Health Business* 68–79; also see, Maher, 'A Review of "Traditional" Aboriginal Health Beliefs', 229–36; Dudgeon and Abigail, 'Indigenous Healing Practices in Australia'.

alone, Aboriginal health and healing was (and still is) holistic.[41] Patrick Maher from Darwin hospital's rehabilitation network noted that traditional health practice 'seeks to provide a meaningful explanation for illness … [giving] not only the how but also the why of a sickness'.[42]

The Aboriginal traditional health belief system of northern South Australia, central Australia, the Northern Territory and much of Australia, incorporates a range of aspects that are linked to their traditional law.[43] Pam Nathan pointed out that 'maintenance of health was [and is] inextricably tied to spiritual, religious and social welfare'.[44] Preventative care incorporates aspects of social control and strict adherence to traditional law; incorporates all aspects and interconnections between people, places and objects; and is achieved on country.[45] Anthropologists Ronald and Catherine Berndt observed that 'health and illness [were] … not treated as separate entities' in the Aboriginal traditional health belief system of central Australia and much of Australia; rather, it had (and still has) 'a holistic, animistic and sacred character'.[46]

Causation of illness is also linked into Aboriginal belief systems. These have been broadly categorised by Nathan and Japanangka and others as:

- **natural—**including emotions, dietary or physical injury or assault
- **environmental—**including wind, moon and climate
- **direct supernatural—**including transgressions of traditional law, breaches of taboos or spirits of the dead

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[41] Nathan and Japanangka, *Health Business*, 72; Clarke, 'Aboriginal Healing Practices'; also see Maher, 'A Review of "Traditional" Aboriginal Health Beliefs'.

[42] Maher, 'A Review of "Traditional" Aboriginal Health Beliefs', 230–32; also see Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 7.

[43] Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 1–16; Clarke, 'Aboriginal Healing Practices', 5; Berndt and Berndt, *The World of the First Australians*; also see Reid and Trompf, *The Health of Aboriginal Australia*; Maher, 'A Review of "Traditional" Aboriginal Health Beliefs'.

[44] Pam Nathan, *A Home Away from Home: A Study of the Aboriginal Health Service* (Fitzroy, Victoria: PIT, Preston Institute of Technology, 1980), quoted in Nathan and Japanangka, *Health Business*, 72; Maher, 'A Review of "Traditional" Aboriginal Health Beliefs', 230; also see Dudgeon and Abigail, 'Indigenous Healing Practices in Australia', 7.

[45] Nathan and Japanangka, *Health Business*, 72–79; also see Dudgeon and Abigail, 'Indigenous Healing Practices in Australia'; Reid and Trompf. *The Health of Aboriginal Australia*; 1; Maher, 'A Review of "Traditional" Aboriginal Health Beliefs', 233.

[46] Berndt and Berndt, *The World of the First Australians*, 516–18; also see Nathan and Japanangka, *Health Business*; Reid and Trompf, *The Health of Aboriginal Australia*.

- **indirect supernatural—**including boning, singing and painting
- **emergent/Western—**conditions only known by Aboriginal people since colonisation, including alcohol related illness, deformities, dietary related conditions or transmittable diseases.[47]

Pandemic influenza is a global disease introduced to Australia so Western medicines were seen as appropriate for treating it.[48] In recalling the influenza pandemic, Aboriginal people of Oodnadatta spoke of using their own traditional medicines and health practices to treat their people.[49] This is supported by Nathan and Japanangka's research, which showed that many Aboriginal people in central Australia used (and still use) Western medicine as an adjunct to their own traditional health practices.[50]

Information on health and healing practices has been sourced from Harland and Williamson's documents, local Aboriginal people's memories, and reference works on Indigenous practices, plants and products available in the far north of South Australia, and by extrapolating from references to central Australia and general sources on Aboriginal healing practices.[51]

When Dick Gillen contracted influenza, Williamson advised Harland to 'rub eucalyptus on his chest and apply heat'.[52] She explained that 'eucalyptus [was] often good for the natives'.[53] Oil and other parts of the eucalyptus tree were used in traditional Aboriginal medicine.[54] In this statement, Williamson demonstrated her recognition of, and respect for, Aboriginal health practices. This would have been psychologically supportive for

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[47] Nathan and Japanangka, *Health Business*, 72–79; also see Reid and Trompf, *The Health of Aboriginal Australia*, 302–04.

[48] Maher, 'A Review of "Traditional" Aboriginal Health Beliefs', 234.

[49] Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 111–12; Shaw, *Our Heart is the Land*, 73.

[50] Nathan and Japanangka, *Health Business*, 69–73.

[51] Williamson to Harland 26 August 1919, Harland Collection; also see Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 27; Shaw, *Our Heart is the Land*, 50–52; Cribb and Cribb, *Wild Medicine in Australia*; Isaacs, *Bush Food*, 217–40; Kimber, *Man from Arltunga*, 53; Nathan and Japanangka, *Health Business*; Reid and Trompf, *The Health of Aboriginal Australia*; Maher, 'A Review of "Traditional" Aboriginal Health Beliefs'; Barr et al., *Traditional Bush Medicines*, 1–8; Les Hiddens, *Bush Tucker Field Guide* (Prahran Victoria: ABC Books, 2004); Tyler, et al., *Natural History of the North East Deserts*.

[52] Williamson to Harland, 15 August 1919.

[53] Ibid.

[54] Shaw, *Our Heart is the Land*, 73; Cribb and Cribb, *Wild Medicine in Australia*, 30, 71–72; Isaacs, *Bush Food.*

Gillen. Botanists A. B. Cribb and J. W. Cribb, anthropologist Jennifer Isaacs and others have shown that clays, ochres, native mint and eucalyptus (oil, leaves, bark and other parts of the plant) were used as traditional medicines by Aboriginal people of the Oodnadatta area.[55] Cribb and Cribb and Isaacs noted that, traditionally, eucalyptus oil was used to heal wounds, to disinfect the skin, to aid breathing and as a tonic.[56]

The therapeutic properties of eucalyptus oil were recognised by Europeans as early as 1788. First Fleet Surgeon John White sent a sample of eucalyptus oil back to England to be tested.[57] Aboriginal people found new uses for eucalyptus oil as protection from some introduced diseases and, in 1919, it was used by Aboriginal people to protect against colds, influenza and rheumatic pain.[58] Arrernte woman, Doreen Stewart, remembered that her mother 'covered her and her sister [Laurie] completely with eucalyptus when influenza arrived' to protect her before taking them bush.[59] Eucalyptus oil was included in both Aboriginal and European medicines during the 1918–1920 influenza pandemic. It was affected through inhalation, topical application, infusion and ingestion of minute amounts to assist patients to breathe by relieving swelling in mucous membranes, while clearing sinuses and nasal passages.[60]

Another ingredient used by Williamson was peppermint. Native mints were utilised as healing products for colds and influenza. Bushman Walter Smith spoke of Aboriginal people from Oodnadatta travelling to a traditional healing centre where 'two kinds of minty bush' grew and to inhale the 'strongly scented smoke'.[61] Leaves were boiled to produce steam for inhalation and branches were burnt to produce smoke that was

[55] Cribb and Cribb, *Wild Medicine in Australia,* 30, 71–72; Isaacs, *Bush Food*, 235; also see Bosisto, 'Early History of Eucalyptus'.

[56] Cribb and Cribb, *Wild Medicine in Australia,* 30, 71–72; Isaacs, *Bush Food,* 235.

[57] Bosisto, 'Early History of Eucalyptus'; also SRSA GRG 52/119/807 Office of the Police Commissioner, Commissioner of Police–Annual Report for year ending 30 June 1920, stating extensive use by Aboriginal people for influenza and rheumatic pain. Williamson to Harland, August 1919; Cribb and Cribb, *Wild Medicine in Australia*; Pearce, *A General Textbook of Nursing*.

[58] SRSA GRG 52/119/807/1920; also see Shaw, *Our Heart is the Land,* 73; Isaacs, *Bush Food: Aboriginal Food,* 235; Cribb and Cribb, *Wild Medicine in Australia,* 71–72; Bosisto, 'Early History of Eucalyptus'; "Eucalyptus," botanical-online.

[59] Doreen and Laurie Stewart interview with Gibson in Shaw, *Our Heart is the Land*, 73.

[60] Williamson to Harland, August 1919; also see Pearce, *A General Textbook of Nursing*; SRSA GRG 52/119/807/1920; interviews in Shaw, *Our Heart is the Land,* 73.

[61] Kimber, *Man from Arltunga,* 53.

absorbed and also inhaled.[62] During the pandemic, Williamson and the carers at the tent hospital were incorporating Western and Aboriginal medicines in their healing practices.

Nurses Attend to Aboriginal Patients

In Figure 6.5, patients are seen sporting white headbands that served as cold compresses; these were used to relieve headache and reduce fever or delirium.[63] They may have temporally replaced the hair or fur string headbands worn by initiated adult males.[64] We see Sister Kelly bending down to tend to a patient while Sister Harvey carefully readjusts a patient's cold compress. Without ice, linen compresses were changed regularly. As they became warm, they would be re-cooled and turned. [65] The patients appear decidedly limp, suggesting that they were very unwell. Pandemic influenza drained the patient's energy.[66]

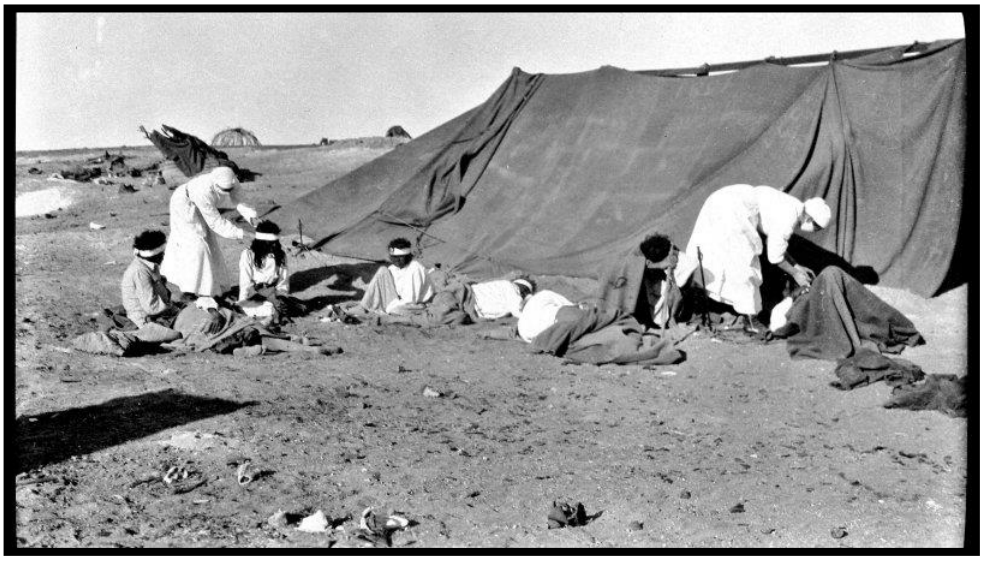

Figure 6.5: Nurses Attend to Aboriginal Patients at the Tent Hospital, Oodnadatta

Photographer: J. Williamson, 1919, Harland Collection.

[62] Barr et al., *Traditional Bush Medicines*, 180.

[63] Willcox, *A Manual of Fever Nursing*, 81, 119–22. People also identified through the Harland Collection.

[64] Reference to head wear in Cotton, ed., *Aboriginal Man*, 24; also see Basedow, *Notes on some Native Tribes of Central Australia*; Ellis, *Aboriginal Culture in South Australia.*

[65] A pneumonia jacket was made of cotton or unspun wool quilted between muslin with ties to hold it in place on the patient's chest and back. It was impregnated with a variety of therapeutic oils as discussed in Chapter 3. 'Wawns Wonder Jacket' advertised that they were supplied free by the Local Board of Health, *The Advertiser*, 5 June 1919; Museum Victoria, 'Pneumonia Jacket'; see also Wilcox, *A Manual of Fever Nursing*.

[66] Department of Public Health, 'Influenza'; Williamson, letters, Harland Collection; see also Wilcox, *A Manual of Fever Nursing*, 119–22; Pearce, *A General Textbook of Nursing*, 384, 484.

Doctor and author Roland Webb Wilcox recommended bed rest and warmth for fever and influenza in his *A Manual of Fever Nursing* published in 1908.[67] Williamson used many preparations and practices that were outlined in this manual, which was still current in 1919. Isaac Starr, a third-year medical student in 1918, observed when working as a nurse during the pandemic, that if patients failed to rest, serious complications could set in.[68] Cooling the forehead while keeping the body warm was a common method employed to reduce fever; however, patients sometimes resorted to extreme methods of cooling. The method used by Aboriginal people at Oodnadatta to reduce temperature during fever was similar to what Williamson had experienced with Indigenous people in Port Vila where, after applying poultices, compresses and wrapping them in blankets, patients 'removed their [coverings] and all clothing to cool off in the sea'.[69] Dr Basedow wrote in 1919 of a similar practice used for reducing temperature by South Australian Aboriginal people:

> Whenever there is an onset of fever with a rise in temperature the native invariably divests himself of his clothing and seeks the cold air in front of his hut. In addition he very often tries to further cool the system by applying cold water to his naked form.[70]

Kramer likewise explained that, where water was available, Aboriginal people 'submerged their body in [it] and then lay on the bank until warm again'.[71] Under normal circumstances, this method of temperature control would have been appropriate; however, pandemic influenza was different. Oodnadatta local, Horace Simpson, noted that many 'of the patients who removed their covers' and 'rushed into the cold air' died.[72] The high fever and illness could cause delirium, hallucinations and anxiety that saw bedridden patients exhibit bouts of irrational behaviour.

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[67] Wilcox, *A Manual of Fever Nursing*, 119–22; also explained in Pearce, *A General Textbook of Nursing*, 384, 484.

[68] Starr, 'Influenza in 1918', 139–40.

[69] Williamson, 'A Nurse in the New Hebrides', 4–7.

[70] SRSA GRG 23/1/335/87/1922.

[71] 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3; also see *Daily Herald* (Adelaide), 17 July 1919, 3, http://nla.gov.au/nla.news-article106470083; Kramer, *Australian Caravan Mission*; local reminiscences in Simpson, *Horrie Simpson's Oodnadatta*; and Dallwitz and Fazio, *White to Black.*

[72] Simpson, *Horrie Simpson's Oodnadatta,* 9.

Kramer wrote of how the pandemic influenza brought on 'hysteria and this caused people to try to escape'.[73] Dr Edwin Jordan supported this evidence in his survey of research on the pandemic, stating that those with delirium often had to be encouraged to stay in bed.[74] Kramer claimed that some patients from the camps 'took fright, left and headed bush'.[75] This may have been to head to healing places or to collect bush medicines. Simpson explained that 'some of the older men thought the "death bone" had been pointed at them' and 'others thought that white fellows were doing more harm than good and tried to escape'.[76] This was quite possibly due to delirium brought on by pandemic influenza, but may also have been because of lack of knowledge of white medicine or fear of some supernatural interference.[77] Influenza was a serious illness and, in line with the Aboriginal belief system, supernatural causes were often understood to be responsible for widespread serious illness.[78]

Tackaberry reported to the chief protector that he had sent Kramer and Mounted Constable Welsh to search for patients who disappeared to try to bring them back to limit the spread of the disease. [79] Welsh was juggling two roles: law enforcer and carer. When in pursuit of patients who took off from the tent hospital, he was trying to ensure that they returned to receive care, but the patients may have thought differently. Not all patients were located; one patient, known by his Western name Rufus, left and walked 99 kilometres (60 miles) to Todmorden and survived.[80] Experienced bushman Walter Smith told historian Dick Kimber that families in the early stages of influenza attempted to walk to Dalhousie Springs, 100 kilometres (62 miles) north-east of Oodnadatta.[81] This was 'a healing centre for all surrounding tribes'. Smith told how 'the families only

[73] Kramer, *Australian Caravan Mission,* 5; 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3.

[74] Jordan, *Epidemic Influenza: A Survey,* 279.

[75] Kramer, *Australian Caravan Mission,* 5; 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3.

[76] Simpson in Dalwitz and Fazio, *White to Black,* 18.

[77] Pearce, *A General Text Book of Nursing,* 387.

[78] Nathan and Japanangka, *Health Business,* 73.

[79] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 14 July 1919.

[80] Simpson, *Horrie Simpson's Oodnadatta.* 9.

[81] Smith in Kimber, *Man from Arltunga.* 53.

managed to walk to Wire Creek Bore', 35 kilometres (21 miles) from Oodnadatta and 'there they all died'.[82]

Pandemic influenza was debilitating; the shortness of breath, weakness in muscles, severe pain, extreme lethargy and severe respiratory infection made it very difficult for a person to walk long distances.[83] Starr stated that extreme exposure to cold and overexertion appeared, in some cases, to lead to further serious complications in which a new set of symptoms could develop.[84] Jordan and Starr explained that if the secondary bacterial pneumonia became acute, then within hours (or a couple of days) the patients could become 'delirious, gasping for breath and deeply cyanotic' as the disease suddenly developed 'pulmonary complications of devastating severity'.[85] There were reports from Jordan of influenza progressing to a lethal form of 'fulminating pneumonia, with wet haemorrhagic lungs'.[86] Jordan also noted that there could be haemorrhaging from mucous membranes especially nose, airways, eyes, ears,[87] stomach and intestines.[88] Starr and a number of other researchers agreed that progression to death could occur within 24–48 hours.[89]

Blankets and Sheets Lay in Heaps by the Fire

In Figure 6.6 Constable Welsh is seen peering into the darkened interior of the tent. *A Manual of Fever Nursing* explained that low light assisted patients because serious influenza caused light sensitivity.[90] An unknown number of stretchers were provided and

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[82] Ibid.

[83] Starr, 'Influenza in 1918'.

[84] Ibid; Jordan, *Epidemic Influenza: A Survey*, 266.

[85] Jordan, *Epidemic Influenza: A Survey*, 257; Starr, 'Influenza in 1918'.

[86] Jordan, *Epidemic Influenza: A Survey*, 256, 280; Starr, 'Influenza in 1918'; see also Pearce, *A General Textbook of Nursing*, 391. Pearce explains empyema as pneumonia with uncontrolled patches of bleeding within the lungs.

[87] Jordan, *Epidemic Influenza: A Survey*, 261–66; Starr, 'Influenza in 1918'. This was also noted by Thompson and Thompson (1934), quoted in Knobler et al., *The Threat of Pandemic Influenza*; Barry, 'The Site of the Origin'.

[88] Jordan, *Epidemic Influenza: A Survey*, 261–67; Starr, 'Influenza in 1918'.

[89] Starr, 'Influenza in 1918', 139; Barry, 'The Site of the Origin'; Ireland, *Medical Department*, quoted in Barry, 'The Site of the Origin'; Hanink, 'Nursing during the Spanish Flu Epidemic of 1918'.

[90] Wilcox, *A Manual of Fever Nursing*, 91, 119, 128. The pupils dilated allowing too much light to enter.

seriously ill patients were cared for inside the tent.[91] In Figure 6.6, we also see that the left side of the tent has been pushed out from the inside, perhaps because a stretcher has been pushing up against the canvas. We see Leo Kelly grasping the washing line as he surveys the patients. Kramer stated that approximately twenty people were cared for at one time at the tent hospital, with a total of eighty patients being cared for during the crisis, some of whom may have been attended to at the camps.[92] Patients may have slept in the tent at night to escape the cold. It is also possible that some of the convalescents slept outside. Little piles of blankets form heaps on the sand in the foreground, some folded, some wrapping patients; some appear to be a heap of blankets, but then legs or feet become visible protruding from underneath. Kramer spoke of 'spreading out the blankets daily on the gibbers' in the sun.[93] The hot sun was used to cleanse and freshen the bedding. Some of the blankets and sheets have been gathered up ready for the night. Lengthening shadows indicate that it is late afternoon. No clouds are visible; the clear mid-winter night ahead would be cold.[94] The blankets circle fires, which, when re-stoked, would allow patients to be positioned on the earth surrounded by warmth, giving comfort, support and fending off the chill of the clear desert nights and freezing mornings. Kramer wrote that:

> You cannot keep a black fellow under cover of any description unless he has his little bit of blaze nearby, and in the big canvas isolation structure erected on the plain north of Oodnadatta there were many such comforting glows to induce the sick natives to 'sit down all day longa camp'.[95]

The fireplaces have only two or three pieces of wood burnt at the ends where they had been pushed together.[96] Seen more clearly in Figure 6.3, the blankets are very close, indicating that the fires were kept small in line with traditional practice.[97]

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[91] Kramer mentioned that the convalescents were brought outside during the day in 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3.

[92] Kramer, *Australian Caravan Mission,* 5.

[93] 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3; see also Simpson, *Horrie Simpson's Oodnadatta,* 9.

[94] Oodnadatta is at the same latitude as Brisbane and is not far south of the tropic of Capricorn so the sun remains high in the sky even in mid-winter.

[95] 'Far North and Beyond', *Quorn Mercury,* 9 January 1920, 3.

[96] Philip Clarke explained that two logs were pushed in end against end and a few small sticks were added. Clarke, *Australian Plants as Aboriginal Tools,* 108.

[97] Clarke, *Australian Plants as Aboriginal Tools,* 76.

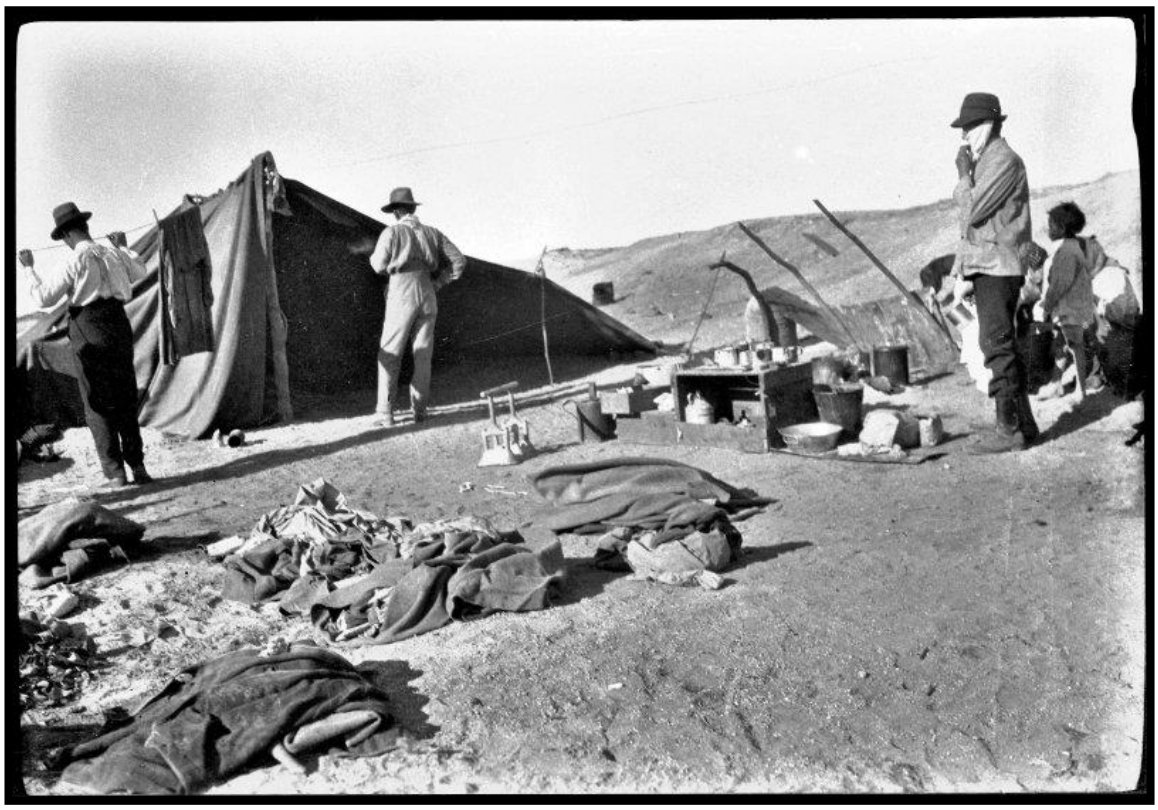

Figure 6.6: Blankets and Sheets Lay in Heaps by the Fire

Photographer: J. Williamson, 1919, Harland Collection.
Note: Kramer, Welsh, Harland and an Aboriginal Child Observe Patients.

Anthropologist and botanist Philip Clarke stated that Aboriginal fires of the desert were kept small to preserve a precious commodity.[98] There is evidence that rubbish has been burnt in one fire. A poster distributed by the New South Wales Department of Public Health called for all contaminated waste to be burnt.[99] Firewood was not only required for destroying contaminated waste but also was in demand for warmth, cooking, heating water and sterilising equipment. In an environment that could not be controlled—with blankets and sheets in the dust, nurses in starched white uniforms having to kneel on the ground, fine sand being stirred up by each gust of wind and covering everything—keeping items clean would have been impossible. This was not what the European staff were accustomed to but it was all they had to work with and, for them, creating a comfortable environment for the seriously ill patients was important.[100]

[98] Clarke, *Australian Plants as Aboriginal Tools*, 76.

[99] Department of Public Health, 'Influenza'.

[100] Pearce speaks of the importance of making the patients comfortable to assist healing. Pearce, *A General Textbook of Nursing*, 484; also see Nightingale, *Notes on Nursing.*

The Camp Kitchen

In Figure 6.7, we see Harland replacing his mask while holding a large empty tin mug. A young Aboriginal child who stands to attention beside him most probably held the role of interpreter. Three rough sticks have been inserted in the sand at the rear right of photograph and an old corrugated sheet leans against them creating a shelter, perhaps for a large beehive shaped vessel that stands behind the makeshift kitchen. It may be a terracotta or wicker water cooler. Harland stands beside a makeshift kitchen bench that was created from a wooden box turned on its side. An array of buckets, bowls, pots and cups sit on or around it. The bottom shelf displays what appear to be potions and beside these on the ground are bags of flour and other substances that would have been used for cooking, and perhaps for poultices and plasters. Buckets, pans, a kettle and medicine cups are scattered about. Tackaberry reported that Kramer and Leo Kelly prepared the meals for the patients.[101] Their task was made easier with the assistance of other available helpers.

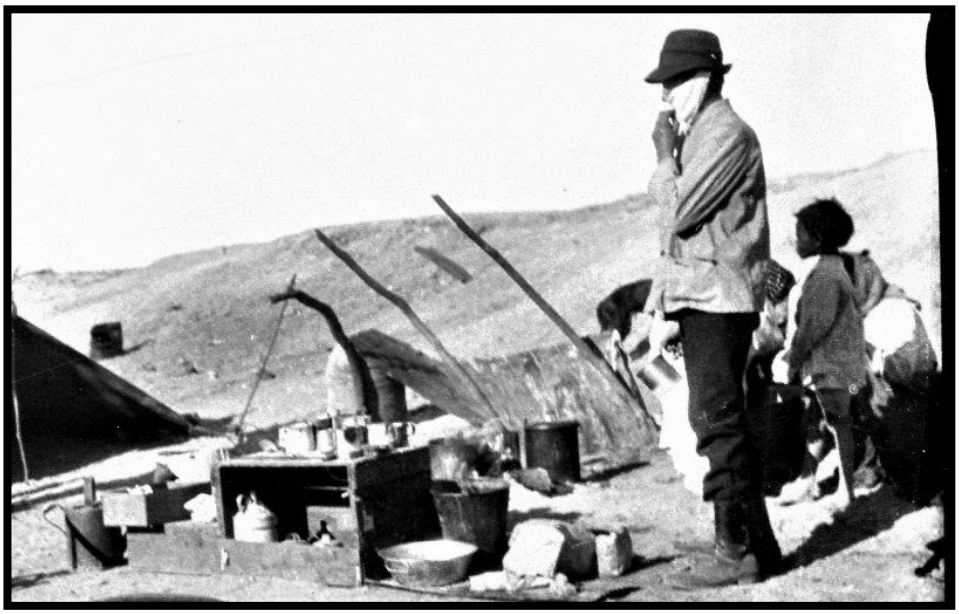

Figure 6.7: The Camp Kitchen at the Tent Hospital, Oodnadatta

Photographer: J. Williamson, 1919, Harland Collection.
Note: The image shows Harland and a young boy who was most probably working as an interpreter.

Nursing texts and the fever manual suggested feeding patients liquid foods with high nutrient value.[102] Influenza caused patients to lose their appetite, but it was important that

[101] Tackaberry to Protector 14 July 1919.

[102] Pearce, *A General Textbook of Nursing,* 387; Wilcox, *A Manual of Fever Nursing,* 77; also see Harriott, *Invalid and Convalescent Cookery*, vii-vx.

they received nutrients to help them fight the illness and fluids to prevent dehydration.[103] The *Australasian Nurses Journal* suggested that the diet should be 'of a light nature', comprising foods such as 'milk, beef tea, or soup, and milk foods'.[104] Tackaberry sent an invoice to the chief protector to cover expenses for the local supply of meat, bread and wood for the tent hospital.[105] Flour, sugar, tea, rice and sago may have been provided as rations.[106] Other supplies were ordered from the two stores in the township, including eggs and milk; these were charged to the AIM.[107] Vegetables would have been supplied by Ned Chong, the greengrocer.[108] The facilities for cooking at the camp appear limited. To make enough soup or tea for twenty patients would have taken a very large pot. A blackened pot, large enough for the task, stands beside the lean-to in the makeshift kitchen area and appears to have been heated over coals. Simple meals, such as soups and custards, could be cooked over the fire for twenty patients. Staff may have been fed elsewhere.[109]

Aboriginal Camp on the Hill behind the Hospital Tent

In Figure 6.8 (an enlarged section of Figure 6.5), wurleys are visible in the background on the low sandhills where some Arrernte people camped, about 300–400 yards (274–366 metres) north of the tent hospital.[110] One large wurley frame is particularly well constructed. It may have been a permanent or communal structure. The covering may have been taken when the Aboriginal people moved camps, a practice explained by anthropologist Paul Memmott.[111] A rough shelter beside the tributary of Pattarra Creek, just north of the tent hospital, has three dry branches draped with a dark piece of cloth that shades a hollow at a bend in the creek, a soakage where trees normally grew. It would

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[103] Wilcox, *A Manual of Fever Nursing*, 74; also see Harriott, *Invalid and Convalescent Cookery*, vii.

[104] Department of Public Health, 'Influenza'; also see Keeling, 'Alert to the Necessities', 105.

[105] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 14 July 1919.

[106] Rice and sago were added to Aboriginal rations for the infirm or aged. Rowse, *White Flour, White Power*, part 1.

[107] Accounts for medicines and food appear in the financial statement for the AIM hostel. 'Financial Statement for Quarter Ending 30 September 1919', Home Mission Oodnadatta, Records of the Uniting Church in Australia Frontier Services, NLA, MS 5574/102/1.

[108] SRSA GRG 52/1/23/50/1919 Tackaberry, invoice, 5 August 1919; also see 'Financial Statement for Quarter Ending 30 September 1919', Home Mission Oodnadatta.

[109] Harland, photographs, Williamson, letters, Harland Collection; Harriott, *Invalid and Convalescent Cookery*, vii.

[110] Interview with Tom Brady in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 18; Shaw, *Our Heart is the Land.*

[111] Memmott, *Gunyah, Goondie and Wurley*, 130–55.

have been where water was drawn for Aboriginal camps and where some water could have been drawn for the tent hospital.[112] Extra water would have come from the AIM hostel, the closest building, for which a bucket brigade would have been required.[113]

Figure 6.8: Aboriginal Camp on Hill Behind Hospital Tent, Soakage and Wurleys to the North

Photographer: J. Williamson, Oodnadatta, 1919, Harland Collection.

As discussed in Chapter 5, soakages, like all water sources in the desert, were vital. According to Donald Thomas, there are traditional stories attached to all natural water sources.[114] In this case, it is said that, after rain, water seeps underground and is trapped in areas above impervious clay or rock where it can collect and may remain for several months or longer. By digging down in the sand, sometime to a depth of three or more metres, fresh water can be located.[115]

Washing at the Tent Hospital

In Figure 6.9, there are two buckets in the makeshift kitchen area and a bucket fashioned from an old kerosene tin with a wire handle resting at the base of the washing pole. This is also visible in Figure 6.3. Water heated over a fire would have been used for washing patients, hands, equipment, dishes and cloths and for sterilising. It appears that some of the washing was managed at the tent hospital. In 1919, washing was sterilised in boiling

[112] Donald Thomas, *Bindibu Country*, (Melbourne: Nelson Printing, 1975); documents and photographs, Harland Collection; Bullen Field Notes; also see Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains*.

[113] Water for the town was piped to buildings from a town bore. Sister Main, 'Report', *Outback Battler*.

[114] Thomas, *Bindibu Country*; photographs and documents, Harland Collection; Bullen Field Notes; also see Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains*, 35.

[115] Thomas, *Bindibu Country*; photographs and documents, Harland Collection; Bullen Field Notes; also see Latz, 'Bush Fires and Bush Tucker', quoted in Rose, *Nourishing Terrains*, 35.

water using a ‘copper’ then a ‘dolly’ was used to pound the cloths. A triple dolly is visible but not a copper. A galvanised wash trough to the far right of the photograph is attended by two Aboriginal women; one cradles a baby. They chat as they hand wash garments. One of the convalescents hangs out dark blankets and clothing on a rope line that is attached to the apex of the tent and stretched out to a rough bush pole seen in Figure 6.3.

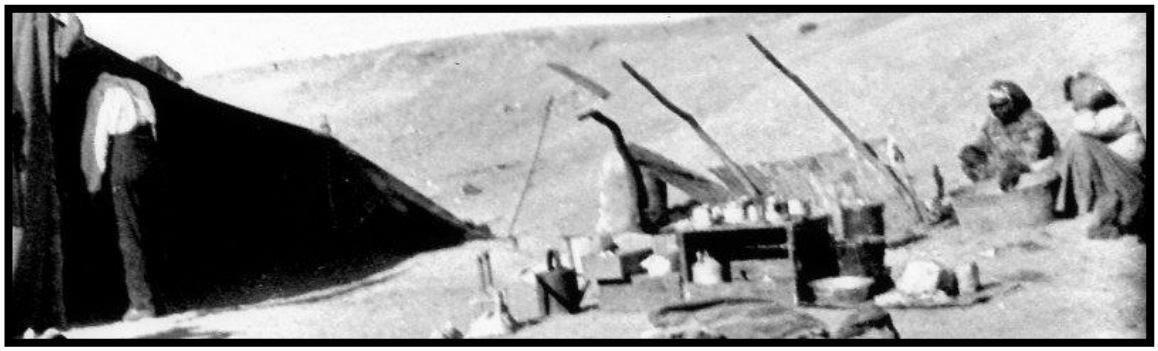

Figure 6.9: Washing at the Tent Hospital

Photographer: J. Williamson, Oodnadatta, 1919, Harland Collection.
Note: Detail of Figure 6.3.

Washing was undertaken at the tent hospital but there were insufficient facilities to wash or dry items for twenty patients and the staff, so some would have been taken to the laundry at the AIM hostel. Masks, sleepwear and linen for twenty patients from the tent hospital, the white uniforms and staff gowns as seen in the photographs all required boiling. Uniforms were also starched and pressed, although the nurses’ uniforms at the tent hospital are only lightly starched and their stiff veils and collars were replaced with soft caps.[116]

Changing Shift at the Tent Hospital

In Figure 6.10, the shadows have extended, the day draws to an end at the tent hospital. This is the last of the images. It is darker and is not as sharp as the other four, possibly because a slower shutter speed was required in the low light to capture the details; however, the handheld camera failed to arrest all the movement. An overall scene is depicted. The blanket has been drawn back along the washing line revealing the doctor squatting away from the patients; Welsh, Kramer and perhaps Alex are in conversation near the makeshift kitchen and Leo Kelly looks on from the mound at the other end of the tent. Sister Kelly stands to one side of a patient while Harland squats on the other side

[116] Williamson, letters, Harland Collection.

against the tent. Harland has removed his mask and changed his jacket as he prepares for his 7 pm religious service.[117] Gowns are draped over the bench and washing dolly, suggesting a change of shift.

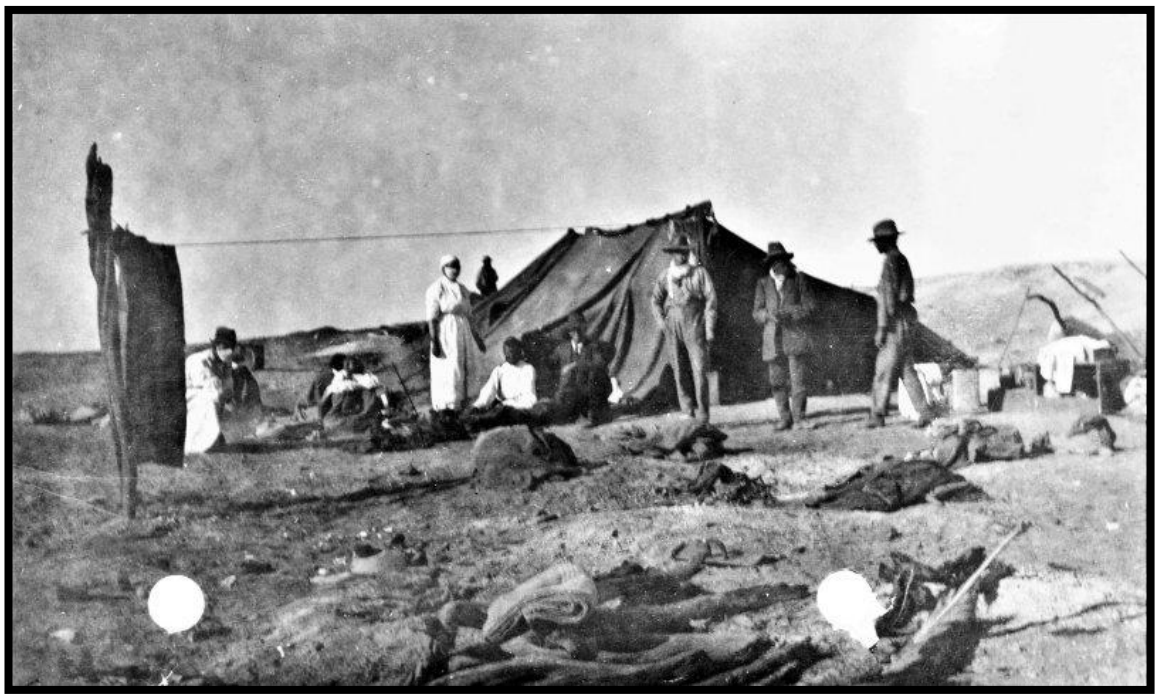

Figure 6.10: Changing Shifts at the Tent Hospital

Photographer J. Williamson, Oodnadatta 1919, Harland Collection.[118]
Original title: 'Aboriginal Isolation Hospital 1919'

At the end of June 1919, the tent hospital was still fully engaged with patients, there were also patients in the town of Oodnadatta, and cattleman Dick Gillen and mine workers Tom Cleary and Bully Harvey were still seriously ill at the old hospital. Influenza had spread to the Chinese community at Hookey's Waterhole and Diyari woman Minnie Chong was seriously ill with influenza when Sister Williamson visited.[119] Williamson sent for Tackaberry but he did not make himself available.[120] Minnie Chong is seen in Figure 6.11 as she and Ned Chong sell vegetables and bread from their cart.

[117] Harland, diary entry, 29 June 1919.

[118] The photographs must have been repeatedly viewed by Harland and Williamson. In her aging years, Williamson punched holes in some of the photographs as a way of keeping them in order (with her new hole-punch).

[119] Harland, diary entries 20-28 June 1919; Fred Ah Chee in Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region*, 15–18.

[120] Harland, diary entry, 28 June 1919.

Figure 6.11: Ned and Minnie Chong with their Vegetable and Bakery Cart

Photographer: Harland, Oodnadatta, 1919, Harland Collection.
Note: Ned and Minnie Chong selling vegetables, fruit and bread from their horse drawn cart on Billygoat Lane behind the AIM Hostel.

Williamson's area of nursing responsibility extended beyond Oodnadatta to outlying stations which included Todmordon 70 miles north-west of Oodnadatta where, Joe Braedon the owner, was suffering from extreme sinus pain, a serious complication of pneumonic influenza.[121] Williamson's treatment included an application of continuous heat to relieve the unbearable pain and to release the officious material.[122] She was also called to Allandale station twelve miles south where she attended Mr Thompson who had assisted at Oodnadatta. A letter arrived requesting medications for a family at Aumina Waterhole on Alindum station thirty miles north of Oodnadatta. On arrival Williamson discovered Mary McKinnon, who was close to confinement and her seven children living alone in a small hut, all were suffering from influenza. Williamson administered cough medicines, cared for the patients overnight, wrapped them up in blankets and because of their condition, through a note delivered by an Aboriginal messenger, organized transport to Oodnadatta. The family were cared for in Oodnadatta

[121] Williamson to Wallace, 1920; Jordan, *Epidemic Influenza: A Survey.*

[122] Williamson to Wallace, 1920; Jordan, *Epidemic Influenza: A Survey.*

where Mrs McKinnon's delivered a son who did not survive. [123] The pandemic placed women in their final term of pregnancy, and their babies at extreme risk.[124] McKinnon remained extremely ill for a few weeks.[125]

On 30 June, Harry Gepp, storekeeper and honorary secretary of the AIM committee at Oodnadatta, reported to Reverend John Flynn that: 'Things are getting pretty right again now, although the flu is still bad among the blacks, several of whom have died'.[126] The number of patients in the township may have fallen, but at least three were still seriously ill. With seriously ill patients within the township and the critically ill Aboriginal patients beyond the town boundary at the tent hospital, things were anything but 'pretty right again'. Gepp had been an expert cameleer and was a well-respected citizen who was 'never known to knock anyone back when in need';[127] yet, for him, illness among Aboriginal people did not appear as noteworthy as illness among Europeans. His statement also reveals something of the expectations, priorities and attitudes of the non-Aboriginal population at the time.[128] Aboriginal people were thought to be a 'dying race'; therefore, to some extent, their deaths were expected. Nevertheless, the tent hospital was in full swing and the staff and volunteers were doing all they could to prevent deaths and promote recovery.

They Are Dying at Oodnadatta

I have been able to interpret evidence from a number of sources to recover the story of influenza at Oodnadatta.[129] Reports and invoices sent to the Chief Protector reveal that

[123] Harland Diary July 1919, Harland Collection; Williamson to Wallace, 1920; Kathleen McKinnon to Williamson, July 1919, Harland Collection; Alexander James McKinnon http://mackinnonfamily.tripod.com/mackinnon.htm

[124] Jordan, *Epidemic Influenza: A Survey.*

[125] Williamson to Wallace, 1920; Alexander James McKinnon; Kathleen McKinnon to Williamson, July 1919, Harland Collection

[126] Gepp to Flynn, 30 June 1919.

[127] Ibid.

[128] Hollinsworth, *Race and Racism in Australia,* 35; Anderson, *Cultivation of Whiteness,* 191–93*;* Broome, *Australian Aborigines,* 119.

[129] Williamson to Harland 26 August 1919, Williamson to Dr Wallace January 1918, Harland Collection; Harland, diary entries May to August 1919, Harland Collection; Kramer, *Australian Caravan Mission*; *Chronicle* (Adelaide), 15 November 1919, 32; SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector; SRSA GRG 52/116/735- 23 June to 14 August 1919; Office of the Police Commissioner, Commissioner of Police–Annual Report for year ending 30 June 1919; SRSA GRG 52/119/807/1920; SRSA GRG 23/1/337/330/1922; also see Aboriginal memories in Shaw and Gibson, *Invasion to Succession:*

the Oodnadatta tent hospital operated from 27 June until 27 July 1919. Unfortunately, without Williamson's letters and reports to the AIM that are not held at the National Library of Australia there is no way to confirm patient numbers or mortality figures.[130] Diverse fragments of evidence from Oodnadatta have been analysed, but because of the incompleteness of the evidence, a broader area of northern South Australia has been drawn on to assist in developing a clearer picture of Aboriginal mortality, the spread of disease across age groups, and the wider effect of the pandemic on Aboriginal people of the area.

John Burton Cleland noted in his paper, 'Diseases amongst Aboriginal Australians', published in 1928, that Aboriginal people of Australia were severely affected by the influenza pandemic of 1919, with a mortality rate approaching 50 per cent in some communities.[131] In a recent international study, Svenn-Eric Mamelund determined that Australia's non-Aboriginal mortality from the pandemic was 0.29 per cent and Aboriginal mortality was 50 per cent.[132] The estimates of non-Aboriginal deaths have been fairly consistent but the estimates of Aboriginal deaths vary widely, depending on whether they were from urban or remote, isolated areas. Historian Tom Gara stressed that the reports that were received at the time of the pandemic were of Aboriginal people who were living in close proximity to European settlements and pastoral stations 'where people bothered to send in reports'; they did not include Aboriginal people who were living 'out bush'.[133] With no census figures for Aboriginal people in 1919, percentages would be estimates only.

The most detailed information on patient numbers and fatalities at Oodnadatta come from Kramer who reported that 'of about 80 Aboriginals treated at the isolation camp no fewer than 16 died'.[134] He included patients who died at the camps in his figures because he was picking up patients in his donkey wagon and riding his bike between the camps and the tent hospital, tending patients prior to, during and after the tent was dismantled. Tackaberry stated that 'there had been 15 deaths in the immediate district

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Aboriginal History of the Oodnadatta Region; Shaw, *Our Heart is the Land;* Simpson, *Horrie Simpson's Oodnadatta*; Dallwitz and Fazio, *White to Black.*

[130] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector

[131] Cleland, 'Diseases amongst Aboriginal Australians', 125–30.

[132] Mamelund, 'Geography May Explain', 47–48.

[133] Gara, 'The Spanish Influenza Epidemic', 10–13.

[134] *Chronicle* (Adelaide), 15 November 1919, 32.

… but since the influenza tent, things have improved and out of 20 patients there have only been 3 deaths'.[135] Sister Kelly wrote in an article in the *Adelaide News* that there were two deaths at the influenza hospital.[136] Chief Protector South reported that there were sixteen deaths at Oodnadatta.[137] It appears that three of the sixteen patients died at the tent hospital, if there were twenty patients this would be fifteen per cent of the patients. Without Aboriginal population estimates at Oodnadatta in 1919, a percentage of population cannot be calculated, but by accepting the higher figure of sixteen deaths out of eighty patients as stated by Kramer a percentage can be calculated of patient deaths against the total Aboriginal influenza patients at Oodnadatta. This calculation suggests that twenty per cent of the Aboriginal patients at Oodnadatta died. Significantly, although the estimated death rate for Aboriginal patients at Oodnadatta was very high, it was considerably lower than the national average of fifty per cent of the population for remote Aboriginal people of Australia as estimated by Cleland, Mamelund and Gara.[138] It appears from this that the supportive care provided at the tent hospital was beneficial to the patients; however, lives were lost.

Spread of Disease across Age Groups

From the limited number of reports, memories and available records, the spread of deaths across age groups for Aboriginal people in the far north of South Australia appeared to differ from that of the general populations during the 1918–1920 pandemic. Bacteriologist Edwin Jordan and others determined that in the general population, adults from eighteen to thirty-five had the highest mortality rate.[139] A recent health report by epidemiologist John Brundage confirmed that indiscriminate mortality (i.e., across all age groups) was found in isolated or remote indigenous populations across the world during the pandemic.[140]

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[135] SRSA GRG 52/1/23/50/1919 Tackaberry to Chief Protector, 14 July 1919.

[136] 'Work among Natives', *News* (Adelaide) 10 December 1926, 13; 'Help for Aborigines', *News* (Adelaide) 29 October 1927.

[137] Chief Protector Annual Report 30 June 1920.

[138] Cleland, 'Diseases amongst Aboriginal Australians', 125–30; Gara, 'The Spanish Influenza Epidemic', 10–13; Mamelund, 'Geography May Explain', 32

[139] Jordan, *Epidemic Influenza: A Survey*, 214; also see Luk, Gross and Thompson, 'Observations of Mortality', 1375–77; Hyslop, 'Epidemics'; Simonsen et al., 'Pandemic Versus Epidemic'.

[140] Brundage and Shanks, 'Deaths from Bacterial Pneumonia', 6; also see Curson and McCracken, 'An Australian Perspective', 103–07; Briscoe, 'Disease, Health and Healing'.

This finding is consistent with reports, research and local memories of Aboriginal people in the far north of South Australia. Local Aboriginal man Tom Brady remembered that 'people were all finished here one winter time'. 'They all died … All the young too'.[141] Basedow's evidence supported indiscriminate mortality through his comment that whole groups were almost annihilated. Expert bushman Walter Smith added further support when he explained to historian Dick Kimber that whole families died.[142] Oodnadatta local Horrie Simpson recalled that 'the Aboriginal community copped it badly, especially the older ones'.[143] Ted Strehow's research of 1971 added further weight to the wide spread of death across age groups when he revealed that almost all the elders from three local groups had died. On the basis of this information, it seems apparent that the spread of death across age groups for Aboriginal people in the vicinity of Oodnadatta was indiscriminate, being inclusive of the young, the elderly, whole families and whole groups.

Mortality Targeted Certain Language Groups

There was not just indiscriminate mortality, but death targeted some language groups more than others. Anthropologists Baldwin Spencer and Francis Gillen noted that the Aranda (Arrernte) was one of the largest tribes in Central Australia. They estimated in 1899 that there were approximately 2,000 members.[144] This is much higher than the post-influenza estimates.

Walter Smith stated that the influenza pandemic decimated the tribes of central Australia. Prior to the epidemic, Smith had been present at a great corroboree that was held near Old Crown Station 'with some 500 Aborigines of Southern Aranda [Lower Southern Arrernte], Arabana and Wongkonguru [Wangkangurru] tribes'.[145] He explained to Kimber that 'the great influenza epidemic brought an end to these huge gatherings'.[146]

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[141] Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region,* 110–12; Shaw, *Our Heart is the Land,* 73.

[142] This is Kimber's spelling. The spelling of these groups varies considerably. The AIATSIS map of Aboriginal Australia uses the spelling 'Arrernte', 'Arabana', and 'Wangkangurru'.

[143] Simpson, *Horrie Simpson's Oodnadatta,* 9.

[144] Spencer and Gillen, *Native Tribes of Central Australia*; Baldwin Spencer and Francis Gillen, *The Arunta: A Study of a Stone Age People* (London: Macmillan. 1927), Chapter 1.

[145] Kimber's spelling.

[146] Smith in Kimber, *Man from Arltunga,* 56.

He added that 'the ceremonies still continued' but that the numbers were small.[147] These were the four Aboriginal groups who were camped at Oodnadatta during the pandemic.

After completing medical examinations of Aboriginal people throughout the north and far north of South Australia in September 1920 for the chief protector, Herbert Basedow reported that:

> Although the western Aluridja [Antakarinja] groups and their western neighbours, the Wonga-Pitas, are still represented by goodly numbers, the population along the more civilised central tract has suffered alarming losses [Arrernte to the north and Arabana to the south]. The recent influenza epidemic was disastrous, having in many centres, like Hergott Springs [Maree] and Oodnadatta almost annihilated the resident groups.[148]

There is consistency between the findings of Smith and Basedow. Basedow added that the approximate Aboriginal population of the 'centre settled districts of northern South Australia for [those living between] Hergott Springs and the Northern Territory border' was 300.[149] This figure would not include those who avoided medical checks or were living away from centres of population. Unfortunately, although Basedow visited Oodnadatta during the expedition, his records displayed no entries of medical assessments at Oodnadatta.[150] This may have been because there were no Aboriginal people at Oodnadatta, possibly because they had gone bush to avoid the medical checks.

In 1927, Spencer's estimate of Arrernte people 'was only 300–400 persons'.[151] This was a large decrease from his and Gillen's 1899 estimate of 2,000. The timeframe is wide and by 1927 devastating drought in central Australia also killed many Arrernte people.[152] However, a large part of the decrease can be attributed to the pandemic if we consider the evidence of Basedow, Stuart and Strehlow. Spencer's own work also supports this conclusion. He argued that 'the 1919 influenza virtually wiped out the elders of the Southern, Central and Eastern Aranda groups, leading to the permanent cessation of large

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[147] Ibid.

[148] SRSA GRG 23/1/337/330/1922. For tribal names, see Tindale, *Aboriginal Tribes in Australia*, 34.

[149] SRSA GRG 23/1/337/330/1922.

[150] Ibid.

[151] Spencer and Gillen, *The Arunta*, Chapter 1.

[152] Vecchio, 'History of Meteorology in South Australia', 7; Tyler, Twidale, Davies and Wells, eds, *Natural History of the North East Desert* 62, 71

scale ceremonial activities in the area'.[153] The influenza pandemic of 1918–1920 appears to have been an epochal point in local Aboriginal history.

The evidence indicates that the Arrernte and Arabana people who had been living close to non-Aboriginal towns, including Oodnadatta, for the longest period of time suffered the most severe losses.[154] The Antakarinja people, who had come out of the western desert only a couple of years prior to the pandemic and had less contact with non-Aboriginal people and spent less time in semipermanent fringe camps (like Oodnadatta), seem to have fared better, but were still represented among the dead.[155] This is supported by evidence examined in Chapter 5, which demonstrated the detrimental health effects of colonisation and life in fringe camps.[156]

Assessing the Quality of Care

To what extent were positive intercultural interactions a part of the overall care provided at Oodnadatta? Whether by plan or created out of necessity, culturally sensitive and supportive care was afforded to Aboriginal patients at the tent hospital. Patient needs were placed before carer comfort. Makeshift facilities available at the tent hospital ensured that extra planning was required by staff to make sure that all services were maintained.[157] Foods provided were supportive of healing and the range of products were above those normally provided in rations, demonstrating that patient health was a priority.[158] No matter where patients were accommodated, the staff and volunteers provided holistic,

[153] Strehlow, *Songs of Central Australia*, xxxv, quoted in Gara, 'The Spanish Influenza Epidemic', 10–13.

[154] Ibid., 10–13; SRSA GRG 23/1/337/330/1922; Kimber, *Man from Arltunga*; Shaw and Gibson, *Invasion to Succession*: *Aboriginal History of the Oodnadatta Region,* 110–12.

[155] Gara, 'The Spanish Influenza Epidemic', 10–13. For earlier evidence see Elkin, 'Social Organisation of South Australian Tribes', quoted in Shaw and Gibson, *Invasion to Succession: Aboriginal History of the Oodnadatta Region*; Tindale, 'Distribution of Australian Aboriginal Tribes and Field Survey'.

[156] Broome, *Aboriginal Australians*, 64–65; Latz, 'Bush Fires and Bush Tucker', quoted in Rose *Nourishing Terrains*.

[157] SRSA GRG 52/1/23/50/1919 Tackaberry, invoice, 14 July 1919; Harland, photographs, Harland Collection.

[158] Pearce, *A General Textbook of Nursing*, 261–74, 487; also see Wilcox, *A Manual of Fever Nursing*, 32; Nightingale, *Notes on Nursing*, 36–44; SRSA GRG 52/1/23/50/1919 Tackaberry, invoice, 14 July 1919; Harriott, *Invalid and Convalescent Cookery* Williamson's, cookery book, Harland Collection.

patient-centred care that was physically, emotionally and spiritually supportive for healing.[159]

Many aspects of the management and care provided at Oodnadatta align with what is now known as culturally congruent care. The National Health and Research Council defines cultural competency as 'a set of culturally congruent behaviours, and attitudes that come together [to assist people] to work effectively in cross-cultural situations'.[160] The Australian Indigenous Doctors Association explains that 'the overarching aim of cultural congruency is to make a positive difference to overall health outcomes for people working in cross cultural environments'.[161] They add that 'it is used in appropriate cultural settings to increase the quality of health services thereby producing better health outcomes'.[162] This terminology was not used in 1919; however, at Oodnadatta, it is clear that a form of culturally congruent care was achieved through necessity, practicality, and planning. The results and positive feedback demonstrated that the care was valued.[163]

[159] The fires and the smoke were used for cleansing and healing. See Clarke, 'Aboriginal Healing Practices', 15; For earlier evidence, see 'Far North and Beyond', *Quorn Mercury*, 9 January 1920, 3.

[160] National Health and Medical Research Council, *Cultural Competency in Health: A Guide to the Policy, Partnerships and participation* (Commonwealth of Australia, Canberra, 2006); Australian Indigenous Doctors Association, 'An Introduction to Cultural Competency', Royal Australian College of Physicians, Sydney, 2004, accessed July 2017, http://www.racp.edu.au/doc/default-source/advocacy-library/an-introduction -to-cultural-competency.pdf.

[161] Australian Indigenous Doctors Association, 'An Introduction to Cultural Competency'.

[162] Ibid.; National Health and Medical Research Council. *Cultural Competency in Health*.

[163] The results were seen in positive feedback from patients, in a letter from Rev. John Flynn to Williamson (15 September 1919), a report by AIM secretary Harry Gepp, (30 July 1919), praise and support for the AIM hostel by the Afghan community (Williamson to Harland 19 September 1919) and the preference shown by Aboriginal patients to visit Williamson when they fell ill—rather than the doctor (Williamson to Harland 19 September 1919).

Conclusion

This thesis has examined events that occurred during the second year of the world's worst pandemic—a highly virulent, extremely contagious pneumonic influenza that spread around the globe in 1918–1920 infecting one-third of the world's population and killing approximately 3 per cent. Pandemic influenza reached the multiracial community of Oodnadatta, the focus of this thesis, in late May 1919. Sister Jean Williamson and Reverend Coledge Harland had met for the first time at the railway station at Oodnadatta a month earlier. Both keen photographers, they brought their cameras to the inland to record their experiences while working in their respective roles for the Australian Inland Mission. Their letters, diaries and photographs inspired and informed this study.

This is an intimate history. The family owned photographs and documents that lie at the heart of this thesis reveal a story about regular people going about their business. Williamson adapted her knowledge of treatments and nursing practices gained through her training and experience to create the best outcome for her patients. She was attentive to the needs of all her patients and sought to engage with them and the wider community.

The holistic, culturally sensitive nursing provided for patients of all nationalities at Oodnadatta was generally not the norm for Aboriginal patients. The more common experience was that Aboriginal patients received inferior, minimal or no treatment. In remote and isolated areas, minimal or no professional nursing or medical care was available in many cases for any patients, and it was up to families or friends to provide what support they could.

Guided by the ethical commitment of their respective roles and Christian principles, (as discussed in Chapter 3) Williamson, Harland, Kramer and Sisters Harvey and Kelly demonstrated their respect for all the people of Oodnadatta and their various belief systems. They achieved this through their commitment to fair treatment and care for all as was displayed in the photographs, uncovered by the documents and revealed through the above average survival rates at Oodnadatta. For them, affording Aboriginal patients supportive treatment, care and respect was part of their commitment to all their patients in order to ensure the best chance of recovery. It is only now, nearly 100 years later, that we can see and appreciate what was achieved at Oodnadatta. This thesis has delivered a valuable history that reveals new insights into the health care, lifestyle and living conditions of Oodnadatta people during a significant historical event. Only forty

photographs out of a collection of several hundred have been used in this study, just scratching the surface of the material that will form the basis of several future research projects.

Photographs and Primary Documents

The main objective of this thesis was to examine intercultural aspects of the management of the influenza pandemic at Oodnadatta over a two-month period in 1919. This was achieved through a close reading and analysis of Williamson and Harland's archive of previously undisclosed photographs and primary documents created almost 100 years ago. Williamson's photographs were the only visual record of the influenza tent hospital at Oodnadatta in 1919 and these precious resources formed a chronological scaffold on which disparate fragments from a variety of other sources, many previously considered insignificant, were connected to produce a stronger history.

The resulting historical narrative, as presented in this thesis, makes a valuable contribution to knowledge, not least because it provides the fullest account of influenza at Oodnadatta to date. Other researchers, using fewer resources, have told parts of the story, but none have had access to the vibrant array of sources pieced together here. Williamson and Harland's archive has added rich insights to the fragmentary and discordant sources on which historians have hitherto relied.

The People and their Contribution

This thesis brings to light new historical characters whose valuable contribution to the care of patients at Oodnadatta had previously been ignored and, in doing so, disproves long-held myths and misconceptions about the care provided, or not provided, to Aboriginal patients. As the documents and photographs that inform this study clearly show, care was provided to *all* patients at Oodnadatta. More than that, it was provided in environments best suited to individual needs. Williamson and Harland, Kramer, other staff and volunteers recognised the need to adapt their practices to accommodate the requirements of different cultural groups at Oodnadatta.

Contradicting contemporary reports from Tackaberry, the railway medical officer, who claimed that the community offered no assistance and that he alone treated patients during the first week of illness within the Aboriginal community, my research shows that Williamson and Harland coordinated and provided care to all patients, ably supported by other missionary and health workers and community members. Williamson's four

months' experience at Oodnadatta prior to the outbreak of pneumonic influenza was of great benefit, as it gave her time to learn the dynamics of the community, its facilities, the people and their lifestyle. Her training and nursing experience overseas, and her work with infectious diseases and influenza in Sydney, together with Harland's organisational skills, chaplaincy and nursing support, were crucial factors in the supportive treatment and care of influenza patients at Oodnadatta. Also valuable was Ernst Kramer, whose decision to return to Oodnadatta to help during the outbreak, genuine concern for and experience with Aboriginal people and knowledge of their needs, proved invaluable. The valuable support of the Board of Health Sisters Harvey and Kelly who had previous experience with pneumonic influenza at Adelaide was essential in bringing nursing knowledge, skills and care to more patients. As discussed in Chapter 3, these nurses and missionaries placed their patients' needs before their own, as was their duty. Their experience with the disease and its management, and with nursing and the requirements of a diverse remote community, were crucial. However, without the support of Constable Walsh, Leo Kelly, and volunteers from the European, Chinese, Afghan and Aboriginal sectors of the community, the high level of care required would not have been achievable.

Care and Treatment of Patients

By closely examining Williamson, Harland and others' diaries, letters and reports, I was able to ascertain that the treatments Williamson provided during the pandemic were mainly herbal preparations, and that there were intercultural connections through the products that came from countries from which Oodnadatta residents originated. The affect and effect of allopathic medical practices and medicines was the focus of research of the 1918 pandemic and as discussed in Chapter 4 little consideration was given to complementary medicines. In view of limited comparative evidence from the pandemic Williamson's medications and treatments was evaluated against nursing practices of the time and through examination of current research. Researching these treatments led me to question the accepted wisdom that treatments for influenza only assisted with symptoms. Nurses and nursing were recognised as vital to recovery during the pandemic because there was no medical cure for influenza or bacterial pneumonia. However, the medical fraternity only credited available medications as useful for treating some of the symptoms of pneumonic influenza. Yet, as revealed in Chapter 4, the medications, treatments and patient care employed by Williamson and other carers at Oodnadatta enabled patients to have complete bed rest and besides assisting with pain and the relief of symptoms, also targeted the affected organs and systems of the body, supporting the

patient so they could more effectively fight the effects of pneumonic influenza. Scientific research (discussed in Chapter 4) is currently being conducted on the therapeutic properties of many of the herbal products that Williamson utilised and positive results have been recorded against antibiotic-resistant bacterial infections and viruses. This indicates that the medications did have therapeutic properties that assisted in limiting the severity of pneumonic influenza and actually aided recovery. This area of research was limited to the specific products and treatments mentioned and employed by Williamson but is worthy of further research.

The team at Oodnadatta treated more than the disease; they healed the whole person. Owing to the debilitating nature and effects of the disease, patients required continuous supportive care and appropriate fever management to ensure total rest. Chapter 4 demonstrated how continuous holistic care, supportive medications and nutritious food were vital to reduce or avert dangerous complications associated with pneumonic influenza. Without adequate care and support, an extreme disorganised reaction of the immune system to the serious infection could lead to acute respiratory distress, which was the cause of the majority of deaths during the pandemic, as discussed in Chapter 2. Acute Respiratory Distress Syndrome (ARDS) still has a mortality rate of between 20–60 per cent today. Analysis of the available data suggests that that the herbal preparations were beneficial to the patients at Oodnadatta. Indeed, as seen in Chapter 6, the evidence suggests a higher survival rate for both Aboriginal and non-Aboriginal patients at Oodnadatta surpassing the average in Australia generally. While the limited evidence and constraints created by the required brevity of a master's thesis have limited the depth and reach of research on morbidity and mortality of Aboriginal patients during the pandemic, this area of research, it is worthy of further investigation.

Intercultural Aspects

Although historical and scientific data was collated about Aboriginal people as explained in Chapter 3, Oodnadatta was not the focus of that research. However evidence pertaining to health, customs and lifestyle of those people who eventually travelled to Oodnadatta was collected and by synthesising with and extrapolating from the available evidence and drawing information from a large number of other sources, a picture of the people who inhabited Oodnadatta in 1919 has been achieved.

During the pandemic, the rate of mortality among remote and isolated communities and

Indigenous populations was extreme, upwards of 50 per cent in some regions but as explained in chapter 1 comparative evidence was limited. Gordon Briscoe stressed there no studies carried out on provision of health care services to Aboriginal patients between 1900 and 1940. This thesis compared instead, the care provided to Aboriginal patients against both the care provided to non-Aboriginal patients at Oodnadatta and against and indigenous health and healing practices in northern South Australia and the Northern Territory.

With no official records of patient numbers or deaths from pandemic influenza at Oodnadatta because of loss of Williamson's reports to the AIM, limited records in the South Australian Central Board of Health files, the Chief Protector's files, or the National library, a definitive answer on mortality was not possible (explained in Chapter 6). Despite the absence of official data recording rates of infection and mortality at Oodnadatta, analysis of available evidence reveals that rates of recovery for Aboriginal patients and non-Aboriginal patients who were cared for at Oodnadatta were better than average. Demonstrating that during the worst pandemic in history, while caring for one of the highest risk groups in the world, the staff and community of Oodnadatta, who were working with minimal resources, were able to make a positive difference to the lives of the people they cared for.

The environment in which patients were cared for contributed to the survival rate. Chapters 4 and 6 examined patient care and accommodation. By caring for patients in familiar surroundings, either in their own homes, at the old hospital or in the tent hospital, undue anxiety was averted. A request for extra accommodation for Aboriginal patients, as discussed in Chapter 5, resulted in the provision of only basic equipment, but the community addressed this by volunteering their time or providing materials, food, transport or assisting to set up the tent hospital.

The location and fitting out of the tent hospital for Aboriginal influenza patients demonstrated understanding of the patient's cultural needs. By incorporating aspects of their culture, it encouraged Aboriginal patients to stay at the hospital to receive care. Chapter 6 examined the care, procedures and healing practices that were provided for Aboriginal patients at the tent hospital and demonstrated that patient-centred holistic care was provided in a safe environment in which local health practices and bush medicines were incorporated. This culturally sensitive, holistic approach to care helped to reduce mortality; certainly, for Aboriginal patients beyond the reach of the tent hospital, the

outcome was far worse. This was not the type of care generally provided for Aboriginal patients at this time. As noted in Chapter 5, their illnesses and conditions often went untreated. One of the key implications of this thesis is demonstrated via the intercultural, holistic care that worked effectively at Oodnadatta in 1919 and exhibits a model of what is now known as 'culturally congruent care'. This is what modern health services are striving to achieve in cross-cultural communities today in an attempt to reduce the gap in health outcomes.

This thesis makes a significant contribution to our knowledge of Aboriginal history of the pandemic in the Oodnadatta region—a history that is fractured as a result of the pandemic and, for that reason, is likely to be cherished by Aboriginal and other communities.

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As Harland and Williamson continued their work at Oodnadatta and in the inland, a strong friendship developed; in November 1921, at Oodnadatta, they were married. They recorded their experiences over their three-year assignment and took hundreds of photographs for their own record and also for the residents. After completing their term with the Australian Inland Mission in April 1922, the same railway line that had brought them to the outback delivered them to their new home in country Victoria where Harland continued his ministry and Williamson raised three boys, two of whom grew to adulthood; I am the daughter of one of their sons.

Harland and Williamson's time at Oodnadatta was pivotal, a significant and special time for them personally and, arguably, for the people they served. Valuing the reminders of this time, Harland and Williamson kept the photographs, documents and correspondence safe. It is because of this that I was able to build this story and return the history and the photographs to the people of Oodnadatta. The railway line that transported Harland and Williamson and other Europeans to Oodnadatta no longer operates. Today, the remote township has a similar population as in 1919. It is predominately an Aboriginal community and many of its members are decedents of people that Harland and Williamson helped to save.

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